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**COMMUNITY ORGANIZATION, PARTICIPATION, AND
INTERACTION IN RENEWAL AREAS OF DETROIT**

by

Clarence C. White

A THESIS

Submitted to the Graduate Division
of Wayne State University, Detroit, Michigan
in partial fulfillment of the requirements
for the degree of

MASTER OF PUBLIC ADMINISTRATION

1964

MAJOR: PUBLIC ADMINISTRATION

APPROVED BY:

Louis J. Freedland *4/1/64*
Adviser Date

redvelopment and neighborhood conservation, are examined
from the standpoint of community group interaction on a
PREFACE
specific topic of controversy. Using a comparative
anal

This study attempts to examine community group re-
lationships as manifested in the interaction of organized
community groups actively involved in, and being themselves
affected by urban renewal activities within two Detroit
neighborhoods. Basic to this examination is the necessity
for understanding the various organizational units making
up the community groups commonly found in renewal activi-
ties and their functions within such development programs.
Background is provided for adequate understanding of such
groups by outlining how and under what circumstances com-
munity organizations are formed, the effect of their
orientation and point of view on inter-group cooperation
and the factors that shape community group interaction and
give rise to community controversy.

Unfortunately, there appears to be little in the way
of existing research material on community organization
behavior within the framework of urban renewal activities.
lay group participation to foster general citizen involve-
ment. Therefore, two methods of renewal treatment,

Harold P. Kaufman, "Toward An Interactional Con-
ception of Community," Social Forces, vol. 38 (Oct.-May,
1959-60), p. 12

redevelopment and neighborhood conservation, are examined from the standpoint of community group interaction on a specific topic of controversy. Using a comparative analysis approach, the basic purpose of this study is to determine significant differences, uniformities, and patterns of behavior of key group organizations relating to, and interacting on a controversial community issue and their impact on the urban renewal administrative process.

It is well to keep in mind that the action and interaction to be analyzed is taking place under community development described as planned change. The raw data for the study of community action directed toward change according to one writer, are the sequences of observable events.¹

This study examines phases or sequences of action over a limited time span with persons and/or groups in interaction as the central focus.

Interviews have been held with key persons having first hand knowledge of and/or experience of existing research material on community organization in the renewal areas under study. Unfortunately, there appears to be little in the way of existing research material on community organization behavior within the framework of urban renewal activities.

¹Harold F. Kaufman, "Toward An Interactional Conception of Community," Social Forces, vol. 38 (Oct.-May, 1959-60), p. 12

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Therefore, hypotheses cannot be expressed in this formula-
tive stage of inquiry. This precludes explicit statements
at this time on the nature of anticipated relationships.

The writer wishes to give special thanks to Mrs. Rita
What the writer proposes, in this instance, is explora-
Scott, Senior Community Services Assistant, Commission On
tory research with the hope and intent of accomplishing
Community Relations and Mr. James Streeter, Assistant
one of the following objectives:

Director of Urban Renewal, Inkster, Michigan for their
inva 1. Formulating significant hypotheses governing created
group behavior and interaction relative to urban renewal
involvement. t made a formidable task considerably easier. y

I cannot thank enough. For invaluable counsel and ad- 20
vice I also thank my advisor, Dr. Louis L. Friedland,
2. Contributing needed insights toward the under-
standing of community group interaction and its impact on
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administrative behavior in renewal programs.

The sources employed in searching out the material are
primarily of the following three types: (1) government
records and documents, (2) newspaper articles, and (3)
personal interviews. Interviews have been held with key
persons having first hand knowledge of and/or experience
in the renewal areas under study.

A general description of the social and physical
characteristics of the two areas being surveyed is out-
lined followed by a description of a specific problem in

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community group interaction. The last chapter contains the analysis and conclusions drawn from the study.

The writer wishes to give special thanks to Mrs. Rita Scott, Senior Community Services Assistant, Commission on Community Relations and Mr. James Streeter, Assistant Director of Urban Renewal, Inkster, Michigan for their

invaluable and willing assistance on the two issues treated in this study. To my wife, Marjorie, whose patience and loyal support made a formidable task considerably easier, I cannot thank enough. For invaluable counsel and ad-

vice I also thank my advisor, Dr. Louis L. Friedland, Department of Political Science, Wayne State University.

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CHAPTER I

INTRODUCTION

This study proposes to deal with urban renewal through an examination of the two differing patterns of group organization as demonstrated in the Medical Center Redevelopment Project and the Eight Mile-Wyoming Neighborhood Conservation Project. The approach taken in analyzing such group participation in renewal activities involves the identification of specific group structure, functions, and purposes, along with the determination of group effectiveness within a problem solving context.

Organized groups involved in, and affected by renewal activities may take form through several influences. Individuals may be drawn together because of mutual concerns, like problems, or similar values and orientations.¹

¹For a comprehensive treatment of the patterns of individual and group involvement and participation see, Christopher Sower and Walter Freeman, "Community Involvement in Community Development Programs," Rural Sociology, Vol. 23, No. 1 (March, 1958), pp. 26.

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On the other hand, outside influences, such as government agencies charged with carrying out educational or neighborhood improvement (health and renewal programs) projects may encourage, help organize, and sponsor the formation of such groups to facilitate the achievement of their program objectives. Depending on the breadth of participation and extent of general community acceptance, such a group may or may not be considered as legitimately representing the voice of its neighborhood or community.

A basic requirement in federally-assisted urban renewal programs is that local communities are expected to involve broad "citizen participation." In Detroit's neighborhood conservation program there are essentially three levels of citizen group formation and participation. One level involves a number of citizens representing a broad range of metropolitan organizations and interests. These persons make up the membership of the Mayors Advisory Committee for Neighborhood Conservation and Improved Housing and its several sub-committees (see Appendix I and II). The other two levels of citizen participation are at the individual block and neighborhood level.

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The redevelopment side of urban renewal differs somewhat from conservation with respect to broadly based community wide involvement. Organized group activity for the stimulation of redevelopment programs generally takes the form of representatives from large sectional, economic interest groups such as commerce, industry, retailing, and labor coming together to promote, invest, or do both in furthering such a program. Institutional organizations such as churches and hospitals also participate in similar fashion.

The focus of this analysis centers on community group organizations engaged in controversy in two renewal areas located within the City of Detroit. The basic framework of this study seeks to determine the impact of organized group behavior on the local government decision-making function in Detroit's renewal program.

Studies of various communities involved in disputes have indicated that the following three criteria are manifested in the development of controversy:

1. The event must touch upon an important aspect of the community members lives-education of their children, their means of livelihood, religion, taxes, or something similar.

2. The event must affect the lives of different community members differently. A tax proposal, for example, affects property-owners one way and non-property owners another.

3. Finally, the event must be one on which the community members feel that action can be taken--not one which leaves the community helpless.²

Each of these three criteria is fundamental to the two controversies under examination in this study.

In seeking to understand how group behavior has impinged on administrative and legislative decision-making and attempted to modify institutional policies in renewal programs, two major areas of concern undergo descriptive analysis;--

1. Patterns of group strategy and actions, and
2. The relative effectiveness of group actions in securing the objectives and considerations sought after.

³"Zoners Accused of Hobbiling City War on Blight," The Detroit News, January 17, 1960, p. 1A.

²James S. Coleman, Community Conflict (Glencoe, Illinois: The Free Press, 1957), p. 4.

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The complexity of urban renewal problems have imposed crisis upon crisis in the administration of the program in Detroit. Among recent local controversies in this area of activity are the following:

1. The controversy involving Common Council, the Executive-Secretary of the Mayors Committee on Neighborhood Conservation and Improved Housing, and the Board of Zoning Appeals on the granting of zoning variances within a Neighborhood Conservation area undergoing a physical upgrading program.³

2. The controversy between the Davison-Joy-Linwood-Dexter Community Council and the Michigan Pawnbrokers Association involving the relocation of pawnshops and similar type businesses from Detroit's condemned "skidrow" area to the Dexter Boulevard areas.⁴

3. The controversy involving a court suit initiated by property-owners within the Eight Mile-Wyoming

³"Zoners Accused of Hobbling City War on Blight," The Detroit News, January 17, 1960, p. 1A.

⁴"Skid Row wins First Round," The Michigan Chronicle, March 17, 1962, p. 1.

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Rehabilitation Project area accusing the Mayor, Common
 Council, Planning and Housing Commission officials with
 with intent to initiate a rehabilitation program through

" . . . fraud, sham, and deception . . . Plaintiffs
 allege that the guise under which the plan (was) being
 propelled forward, (was) by the false picturing of a
 'blighted' or 'slum' area in need of rehabilitation."⁵

Hopefully this study will be able to point out within
 two specific problem-solving contexts some of the key
 issues and concerns underlying multiple, organized group
 participation and involvement in Detroit's urban renewal
 effort.

community.

Detroit's Pilot Neighborhood Conservation program
 (Mack-Concord Conservation Project) initiated a program
 of block club organization in its 38-block area acknowl-
 edging this approach to be the most suitable for "grass
 roots" citizen participation and decision making. The

⁵Extracted from the Opinion of Federal Judge Thomas
 Thornton, United States District Court For the Eastern
 District of Michigan. Civil Action No. 20061, 1960. Case
 was dismissed due to "lack of Jurisdiction."

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goal of this program was to develop individual block groups in the area and to subsequently organize a neighborhood council from each block acting as liason between the residents of their block and the overall council.

CHAPTER II

COMMUNITY ORGANIZATIONS; STRUCTURE AND FUNCTIONS

Organizational Units

The Block Club

The block club is considered the basic and most effective organizational unit for securing individual lay citizen involvement in urban renewal, particularly neighborhood conservation, activity. It may be defined as a formal social organization composed of residents of the block, the smallest geographic unit of the urban community.¹

A general pattern of behavior characteristic of many Detroit's Pilot Neighborhood Conservation program blocks in the pilot Mack-Concord Conservation Project, was (Mack-Concord Conservation Project) initiated a program of block club organization in its 38-block area acknowledging this approach to be the most suitable for "grass roots" citizen participation and decision making. The

the residents was often demonstrated by a demeanor

¹Mel J. Ravitz, "The Sociology of the Block Club," Detroit City Plan Commission. November 20, 1959, p. 2. (Mimeographed)

²Ibid., p. 3.

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goal of this program was to develop individual block groups in the area and to subsequently organize a neighborhood council with elected delegates from each block acting as liason between the residents of their block and the overall council area.

The block club may be viewed as an organizational type of relatively recent origin.

It is the result of the necessary factors of sufficient density, the street and block pattern, and most of all, the . . . social interaction arrangement of the urban community. The block club is the organizational expression of people who have problems but who must formalize their relationship with each other in club form in order, jointly, to tackle these common problems.²

A general pattern of behavior characteristic of many blocks in the pilot Mack-Concord Conservation Project, was noticed in the early, informal stages of its organization. By whatever method people of the block were called together, a relatively small percentage of the potential number hostile complaints were directed against the city departments. The reserve and uncertainty of what to expect by the residents was often demonstrated by a demeanor generally increased during this period and the organizer

²Ibid., p. 3.

suggesting a total lack of emotion. The objective of the community organizer was, in such situations, to modify this reserve with an appeal heavily laden with enthusiasm. The wind-up of such presentations invariably ended with an exhortation and invitation to participate with the city in a joint program to improve their home and neighborhood.

Frequently it has been possible to recognize the indigenous leadership at this point. Manifestations of a quick and clear grasp of how the organized group may meet its collective problems often reveal needed and valuable competencies on the part of specific individuals. Usually formal organization, however, does not take place at this early stage. It is more likely to be resisted.

The second phase of organization began and in subsequent meetings (from two to ten), genuine feelings were articulated. What appeared to be apathetic and indifferent residents changed markedly and aggressive and hostile complaints were directed against the city departments for every real and supposed slight. Attendance generally increased during this period and the organizer was faced with two roles--one, interpreting what block

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organizations could do in such situations as those mentioned; and two, redirecting the responsibility back to the residents to do something. Invariably, election of officers (usually the most verbal and articulate members) for the organization followed.

The third phase of organization then followed with the duly elected officers of the organization and the organizer assisting in working out informational and social action programs. As attempts were made to channel hostility into constructive action, attendance often fell off. This usually led to a fourth phase which was primarily re-organization.

In this final stage, the organizer usually sought to attract the more stable residents of the block into a mature, ongoing organization. If there was strong and capable leadership in the group, the organizer would seek to pull out with the hope that the block organization would continue to function on its own. In such organizing efforts, however, the greatest threat to sustaining mature interest in block programs in the conservation program was the undue delay between the organization process

⁴Joseph A. Johanson, Councils in Action (9th ed.; Dept. of Community and Adult Education, University of Michigan, 1962)p.5.

and action on the part of the city toward fulfillment of its planned program.³

The Detroit concept of citizen participation in Neighborhood Conservation is vital not only for what it can mean in terms of better streets and neighborhoods physically, but also what it can mean to individual human beings. Democratic block by block organization opens up many new opportunities for positions of dignity and worth, and for social experiences laden with democratic values. Coupled with this need is the recognition by social scientists that promoting participation is a key problem in a democratic society which rests, finally, not on isolated individuals, but on groups small enough to express the spirit of neighborhood and personal friendships.

Community and Neighborhood Councils.-These organizational units may be defined as "voluntary, representative neighborhood unit, usually a square mile or less and containing from 2,000 to 3,600 homes, is served by an elementary school. Since major thoroughfares generally occur at one mile intervals, they usually form the

³Adelaide Dinwoodie, Courtenay Bell, and Alice Cornelius, "Personal Experiences in Block Organization in Pilot Conservation Neighborhood 6-E, "Detroit City Plan Commission, Undated (Mimeographed).

⁴Joseph A. Johnston, Councils in Action (9th ed.; Dept. of Community and Adult Education, University of Michigan, 1962)p.5.

grouping themselves together as a unit and representing such an area. Their characteristics are implicit in the definition. Councils are voluntary in that they depend

Just as neighborhoods are made up of clusters of blocks, groups of neighborhoods forming a high school district are referred to by urban planners as a community. Ideally, councils are representative of all segments of community life, including participation from the areas of labor, business, religion, government, schools, etc. Usually, councils are made up of representatives from selected organizations and agencies in a community and are supplemented by selected individuals, particularly when some vital sector of the community's population is not represented.

A recent phenomenon in the growth and activity of community councils in the Detroit Metropolitan area is the "Neighborhood" councils is area size. Detroit's Master Plan for its long range urban renewal program designates proposed renewal areas into neighborhood units. Each neighborhood unit, usually a square mile or less and containing from 3,000 to 3,600 homes, is served by an elementary school. Since major thoroughfares generally occur at one mile intervals, they usually form the physical boundaries of a neighborhood. Other physical barriers, however, such as expressways, industrial belts,

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or parks may, and do serve as geographic limits to a neighborhood.

Just as neighborhoods are made up of clusters of blocks, groups of neighborhoods forming a high school district are referred to by urban planners as a community. The grouping of four neighborhood units, normally requiring the need for a senior high school and a commercial center, forms a community. Community organization activities in Detroit's Urban Renewal Program have centered around neighborhood council structures corresponding in size and area to the designated renewal areas.

A recent phenomenon in the growth and activity of community councils in the Detroit Metropolitan area is the clear reflection of reaction to increased geographic mobility by the local Negro population due to more favorable housing opportunities. Individual council groups and "umbrella" organizations made up of several community council groups forming a single organization, have affiliated out of a direct and growing concern over non-white expansion into previously all white communities within and throughout the Detroit area. The acceleration

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of the movement outside the central area of the city has been the result of an actual numerical growth of the non-white population in the metropolitan Detroit area, from 357,800 in 1950 to 558,000 in 1960 and the thousands of persons compelled to relocate as a result of highway construction and urban renewal programs.

The unethical activities of some elements within the real estate business have also contributed to the felt-needs of home-owners in areas of expected racial modification to organize into groups to discourage homeowner panic and irrational abandonment of property. For a number of years Negro movement away from the center of the city was restricted to adjacent block-by-block incursions. With an expanding and enlarged "underhoused" Negro population, real estate sales tactics were adjusted to exploit the fears of white homeowners in middle income housing and the aspirations of the financially capable, potential Negro buyers. The change in tactics was geared to opening up entire areas of the city on a community size basis. The activities, employing door-to-door and telephone solicitations to list homes for sale, saturating an area with postcards informing residents of alleged property sales

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on the street by neighbors and suggesting that the recipient do likewise, and the encouraging of non-white families to move into these newly accessible homes while promoting the sale of new home construction to the existing residents, dictating in large measure who shall move where.

The reaction of a community faced with the probability of an impending modification in the racial character of its residents may take two courses. With an informed, enlightened core of people, or leadership, it may seek to blunt the efforts of the real estate interests to manipulate the movement of people by exposing their activities for public scrutiny and appraisal. This was the course followed by the Bagley Community Council representing a mile square area bounded by McNichols, Wyoming, Seven Mile Road and Livernois. The guiding principle of the group as stated in its constitution is "Good neighborhoods are engendered and sustained by good neighbors without regard to ethnic considerations." The council leadership has sought to maintain the neighborhood and stabilize the property valuations of homes in the area--not in terms of its racial composition, but in terms of the social and

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economic backgrounds of the residents. While welcoming all families into the neighborhood, the Council has carried on a relentless program to combat real estate operators seeking to instill fear in homeowners by telling them that their neighbors are selling out. property owner also

shares this responsibility due to the need for continuous Other council group leadership in Detroit that has planned maintenance and the improvement and modernization organized to educate and prepare their present residents of his residence or property. The importance of preserv- for such changes as those taking place in the Bagley area ing the public welfare and maintaining the tax base are for the most part in favor of open occupancy. The dramatizes the importance of neighborhood conservation generally professed reasons, couched in terms of morality and and promoting it as a major public objective. It was to democratic principles, are not the only ones, however. Most this end that the Mayor of Detroit and the Common Council councils are realistic enough to know that residential embarked upon a community-wide program to develop a movement cannot be funnelled into one area at a time and neighborhood conservation program in April, 1953. One of achieve community-wide integration.

the Mayor's first actions was to appoint a thirty-four member Mayor City-Wide Coordinating Council.-Conservation or "slum- prevention" programs, having as their objective the arrest- ing of property deterioration before slum conditions de- velop are broad in their concept of community involvement. This program approach necessitates treatment of the problem on a community-wide basis with the cooperation of neighbor- hood associations, property owners, tenants, public agen- cies, and other interested and responsible groups.

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The municipality shares the responsibility for the conservation of neighborhoods through the exercise of its police powers and the functioning at the departments related to zoning, building regulations, traffic control and other vital public services. The property owner also shares this responsibility due to the need for continuous planned maintenance and the improvement and modernization of his residence or property. The importance of preserving the public welfare and maintaining the tax base dramatizes the importance of neighborhood conservation and promoting it as a major public objective. It was to this end that the Mayor of Detroit and the Common Council embarked upon a community-wide program to develop a neighborhood conservation program in April, 1953. One of the Mayor's first actions was to appoint a thirty-four member Mayor's Committee for Neighborhood Conservation and Improved Housing consisting half of representatives of civic, religious, business, labor and community groups and half of city department heads. He designated the Commissioner of Health, Chairman, and the Director of the City Plan Commission, Vice-Chairman.

Committee For Neighborhood Conservation and Improved Housing, Organization Study Committee, Statement of Purpose, Organization and Function (Detroit, Michigan, July 26, 1961),

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The structure of the Mayor's Advisory Committee is governed by policy relating to membership and standing committees concerned with specific areas of activity. All members of the Mayor's Committee are appointments of the mayor or may be subject to confirmation of the Mayor. Major such problems as the creation of additional standing or temporary committees, method of chairman appointments and neighborhood organizations having a major or primary interest in neighborhood conservation in the city are eligible for consideration for membership. The determination of major organization for this purpose is based on: (1) type of organization - only delegate councils having member organizations are eligible; (2) age - such councils must have been organized for at least two years before being considered eligible; and (3) size - only councils encompassing a square mile or more in their boundaries are eligible for membership.⁵

The Mayor's Committee is organized into six standing subcommittees deemed necessary to carry out the objectives of the parent body. They are: (1) Executive Committee, (2) Citizens Participation Committee, (3) Code Enforcement

⁵Committee For Neighborhood Conservation and Improved Housing, Organization Study Committee, Statement of Purpose, Organization and Function (Detroit, Michigan, July 26, 1961), p. 1.

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and Legal Committee, (4) Financial Problems Committee,
 (5) ~~Publicity and Public Relations Committee~~, and (6)
 Planning Committee.

Organizational and procedural policies governing
 such problems as the creation of additional standing or
 temporary committees, method of chairman appointments and
 tenure in office, elections, and frequency of committee
 meetings are spelled out for the general knowledge of
 committee members.

The overall objective of the Mayor's Advisory
 Committee is to

. . . uphold and improve Detroit through the
 promotion of neighborhood conservation philosophy
 and program. . . . To this end the Committee will
 initiate, guide, encourage and coordinate the
 development of a program requiring joint action
 on the part of property owners, tenants, and the
 city administration, using public and private
 resources which will: (1) Preserve, maintain,
 protect and improve new and stable areas; (2)
 Conserve and rejuvenate middle-aged areas which
 face the threat of decline; and (3) Hold the
 line and reverse the trend in deteriorating
 areas.⁶

⁶Ibid.

The application of the Mayor's Committees' role has posed some questions relative to its interaction and position with respect to city department activities. Clear and explicit understandings have been necessary for some time as to when, and in what stage of planning should, for example, the Planning Sub-Committee work actively and jointly with the professional planners in pending conservation areas. If it is true that the function of the Planning Sub-Committee is to participate in planning involving neighborhood conservation and/or analysis, how should such a group be utilized and how should its use be

The manner in which proposals and plans have been insured, inasmuch as planners can be expected to guard placed before the Mayor's Committee has suggested their their perceived prerogatives jealously?

considerations to be primarily of the rubber-stamp
 In contrast to the above is the manner in which the Mayor's Committee's consideration is generally sought by administrators. It appears that the committee has been handicapped by being delegated a job that it is not fully capable of in coordinating the activities of the city departments as they relate to conservation. The responsibility was given to the committee without any authority and consequently it has been ineffective in this area. In the committee's attempts to define

"coordination" as it relates to their function, it is generally agreed that to coordinate the various departments requires some interference and the committee has no authority to interfere with departmental operation. The general attitude prevailing among committee members appears to be that any given instance of lack of communication or coordination requires the attention of the Mayor. It is expected that he would look into the problem to determine what is lacking and what implementation is needed.

The manner in which proposals and plans have been placed before the Mayor's Committee has suggested their considerations to be primarily of the rubber-stamp variety. Generally when a city department such as the Planning Commission presents a plan, as a matter of fact, it is after the department's own commission and the Mayor have given approval so that there is actually no decision or action required. It is, then, just a matter of information. Under these conditions it cannot be expected that this body will function with a forthright and influential voice unless these enfeebling conditions are eventually relieved.

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Other Community Organizations.-- Organized groups are also formed by institutional interests such as churches and hospitals. In the Medical Center Project area several churches directly affected by the redevelopment program formed, in 1961, a ministerial alliance, The Detroit Fellowship of Urban Renewal Churches. The main purpose for coming together was to insure the right of the churches to remain in the urban renewal (Medical Center) area. A number of the church leaders in the community felt their existence rested on remaining in the area. In referring to his church, Reverend Louis Johnson said that a substantial portion of the membership lives in the nearby Brewster-Douglas housing project. In addition, the remainder of the membership is divided between the eastern and western sides of the Medical Center, and outside areas scheduled for redevelopment.

The Fellowship of Urban Renewal Churches is essentially an action group formed to deal directly with the city and its administrative departments involved in renewal activities affecting the welfare of the churches in re-

development areas. As such, it has gathered people to attend public hearings on community issues of importance, (Edward Goodman, A Guide For Churches in Redevelopment Council of Churches, 1963), p. 37.

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protested the trend to higher priced housing in redeveloped areas, and the apparent limiting of the number of sites available for churches in such areas. This ministerial group

recognition among their fellow churches." Individual . . . has helped to make it evident that if urban redevelopment is to proceed with the cooperation, instead of the opposition, of the people most affected by it--the Negro community--there must be real consultation with that community, and its responsible spokesmen.⁷

The Fellowship is a voluntary association of churches of differing denominations. The group is not structured in a formal manner with duly elected officers, delegated and assigned responsibilities, or long range organization programs. A church may join or disassociate at its pleasure. The member churches contribute a nominal membership fee for mailing and other minor administrative purposes. No remuneration of any sort is received by any of the participants.

The Detroit Medical Center Citizens Committee.
The Fellowship has performed several valuable functions, not only for the preservation of its own institutional

⁷Edward Goodman, A Guide For Churches in Redevelopment Projects (Detroit, Michigan: The Metropolitan Detroit Council of Churches, 1963), p. 37.

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interests but for the interests of those it predominantly serves (the community) as well. "It has lifted the morale of the smaller, independent, less affluent churches and given them a new feeling of fellowship, stature, and recognition among their fellow churches."⁸ Individual churches are helped in preparing court cases involving condemnation awards, in preparing for relocation, and in the strengthening of their individual institutional life by sharing knowledge on how to keep adequate records and/or how to conduct capitol fund-raising campaigns. Newsletters are regularly distributed to the residents in the renewal area advising them on their rights, responsibilities, and the opportunities available for families forced to relocate. Individually and collectively the churches involved, through their leadership, are able, and do, serve as a buffer between residents and the renewal administrators on critical relocation issues.

The Detroit Medical Center Citizens Committee.-

This Citizens group was formed in 1955 by the four major

⁸Interview with Reverend Louis Johnson, Friendship Baptist Church, July 29, 1963.

hospitals located in what is now called the Medical Center area and the Wayne State University College of Medicine. The four hospitals--Harper, Grace, Childrens', and Womans' are located within, and adjacent to some of the most develop- blighted areas of Detroit's inner core. The blight and congestion bearing down on the hospitals was such that

In looking at the structure and functions of the they felt compelled to initiate action to alter their community organizations outlined, it is apparent that they physical circumstances. Acting together, the hospitals fall into groups organized for the two following general established the Detroit Medical Center Citizens Committee areas of purpose: (1) the preservation and enhancement composed mainly of the individuals on the hospitals' Board of institutional services within the renewal framework of Trustees, the hospital Directors, and the Wayne State (Medical Center Citizens Committee, Fellowship of Urban University Dean of the Medical College. The Committees Renewal Churches), and (2) the promotion of lay community primary purpose was to formulate plans and a program for, involvement in the renewal program (block clubs, neigh- (1) hospital expansion and (2) the creation of a more borhood councils). This is not to deny that the afore- favorable medical facility environment.

mentioned areas of purpose overlap to some degree--it is, howe- Following the Committee's formation it proceeded to hire an urban designer-architect, Mr. Gerald Crane, who, in collaboration with the Detroit City Plan Commission, Relating Organization Functions developed plans for an extensive, modern Medical Center complex. Continuous meetings and consultation took place between planners and the committee. Plans and proposals were subject to the Citizens Committee review and approval.

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This effort was essentially one of the Citizens Committee outlining what it wanted, the designer working out appropriate schemes and establishing an overall master outline, and the Citizens Committee then taking their development proposal to the Common Council for approval.

In looking at the structure and functions of the community organizations outlined, it is apparent that they fall into groups organized for the two following general areas of purpose: (1) the preservation and enhancement of institutional services within the renewal framework (Medical Center Citizens Committee, Fellowship of Urban Renewal Churches), and (2) the promotion of lay community involvement in the renewal program (block clubs, neighborhood councils). This is not to deny that the aforementioned areas of purpose overlap to some degree--it is, however, an attempt to try and place the basic character of the various organized groups more clearly in focus.

Relating Organization Functions
to Renewal Activities

Neighborhood organization activities within Detroit's pilot conservation project (Mack-Concord Conservation Project, Mich. R-1) provide examples of how such a group

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functions within this type of program.

Following the organizing of block clubs, complete with appropriate officers and active block projects, several necessary functions were recognized and performed. The clubs:

1. Served as a channel through which correct information as to the public improvement plans for its

neighborhood could reach each resident personally.

2. Relayed the suggestions and criticisms of residents to the planners.

3. Aided residents to work together with city departments to solve problems of code enforcement.

4. Sponsored private home improvement projects.

The formation of the Mack-Concord Neighborhood Council was the next step.⁹ As soon as half of the block clubs were organized, delegates and their alternates were assembled together by the community organizer to form a council.

Its overall responsibility and function was to speak and

⁹Maurice Frank Parkins, Neighborhood Conservation: A Pilot Study (Detroit: Detroit City Plan Commission, 1958), p.94.

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act in matters affecting the entire pilot area. After having developed its constitution and organization structure the council was then prepared to consider the proposed program of improvements for its area presented by the city planners, to approve or reject the proposals by vote, and to set up working committees to handle particular aspects of the conservation program.

One of these committees was concerned with code enforcement and its function was to route resident complaints and grievances to appropriate city departments. This body also met periodically with representatives of the various enforcement agencies to clarify its own problems and to understand the departments' main difficulties with enforcement problems. This committee also alerted the citizens of the neighborhood and its council to occasional instances of undesirable non-conforming uses in the area due either to legal or illegal action.

Another committee was formed to work on relocation problems. Its function was to develop procedures for satisfactory relocation of displaced families that needed assistance; it also worked with the central relocation and resourcefulness of their neighborhood.

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service of the Housing Commission.

A third committee devoted itself to publishing a bimonthly newsletter, the publication costs being defrayed by advertising of business establishments in the area.

Several programs were sponsored and undertaken by this Neighborhood Council. One of these was a lawn and yard improvement contest during the summer of 1957. Cooperating with a local department store, prizes were awarded for the most improved lawns, yards, and houses. Along with the contest award ceremonies, a flower show was held.

In conjunction with the Metropolitan Boy Scout Area Council, the neighborhood council also organized several scout units in the area and assisted in providing them with adult leaders. The council also sponsored a tuberculosis detection program in the neighborhood and set up a leadership training clinic for the training of block and neighborhood council officers and potential leaders. These varied activities were encouraged not only to obtain widespread interest in the physical aspects of the renewal effort but to help the residents visualize the potential and resourcefulness of their neighborhood.

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In order for the Mayor's Citizens Advisory Committee to achieve its overall objectives, it performs several necessary functions. These functions are:

1. to learn about the nature and extent of deficiencies and the means and methods for remedying them;
2. to make recommendations for improvement; and
3. to help inform other citizens and groups as to the need for the improvements and thus develop united community understanding of this need (see Appendix III).

The organization and development of a work program begins with the Executive Committee (see Appendix II). It handles the neighborhood conservation business of the general committee, which meets quarterly, when it is not in general session. The Executive Committee meets at least once a month and makes recommendations on policy and program matters to the general committee. It also coordinates the activities for, and delegates duties and responsibilities to the standing committees.

The Citizens Participation Committee is the action committee responsible for securing citizen support for

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neighborhood conservation. This committee works directly with the neighborhood groups in the community. It undertakes educational programs and assists in organizing the citizen participation functions. church, or (4) quit and the members join other churches.

The Mayors Committee and its standing committees are informed of what is taking place in such matters as planning, public improvements, public housing, and code enforcement by periodic meetings with the officials responsible for such functions. The Mayors Committees' knowledge and understanding is increased and it is able to more effectively serve as a two-way communication system between the city government and the people.

Organized institutional groups such as the Detroit Fellowship of Urban Renewal Churches are also faced with the problem of preparing for the future. The first need of such a group and its members is getting the facts affecting their community and the individual churches. As a group with similar problems and concerns, the exchange of information and the sharing of experiences, suggestions, and guidance is of great value. A number of decisions have to be made when a single or a group of

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churches in a community have to come down. Individually, such affected churches must decide whether to (1) buy back into the redeveloped area, (2) relocate outside the project, (3) merge with another church, or (4) quit and the members join other churches.

The two renewal areas under analysis in this study are, (1) the Medical Center Redevelopment Project (Mich. R-35) and (2) the Eight Mile-Wyoming Neighborhood Conservation Project (Mich. R-19). Each of these renewal projects has been the subject of a controversy involving institutional, professional, and lay community interests. This will be elaborated upon at a later stage of our inquiry. At this point it is appropriate to have some understanding and knowledge of the major characteristics and the proposed renewal plans of the two areas.

The Medical Center Project (Redevelopment). The redevelopment proposals for this project embrace an area of 236 acres. The area is bounded roughly by the following streets: Kirby on the north, Hastings on the east, Mack on the south, Woodward on the west (see Figure 1). This area originally developed with a variety of land uses, including residential, commercial, light industrial, and institutional

Fig. 1--Medical Center Redevelopment Project

CHAPTER III

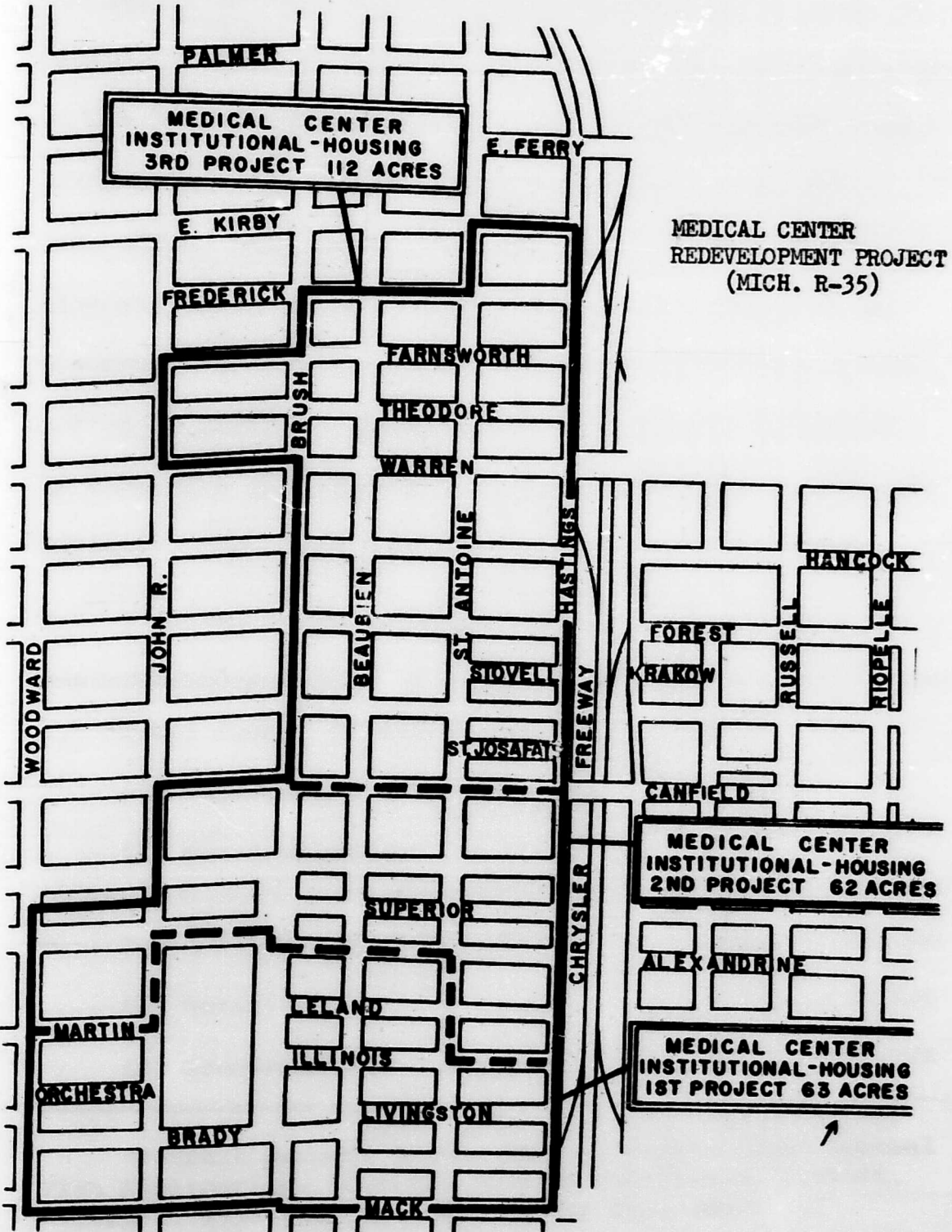
THE GENERAL CHARACTER AND PROPOSED PLANS FOR TWO RENEWAL AREAS

The two renewal areas under analysis in this study are, (1) the Medical Center Redevelopment Project (Mich. R-35) and (2) the Eight Mile-Wyoming Neighborhood Conservation Project (Mich. R-19). Each of these renewal projects has been the subject of a controversy involving institutional, professional, and lay community interests. This will be elaborated upon at a later stage of our inquiry. At this point it is appropriate to have some understanding and knowledge of the major characteristics and the proposed renewal plans of the two areas.

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Fig. 1--Medical Center Redevelopment Project

facilities arrayed together with no discernible logic or pattern. There is substantial overcrowding of structures on the land in the area with side, front, and rear yard space being, for all practical purposes, non-existent. Open space, park areas, and community facilities are also virtually non-existent. Furthermore, the area is traversed by heavily trafficked through-streets and congested by parking inadequacies. Its overall character is that of a predominately blighted residential area (see Table 1).

TABLE 1*

A. Total Number of Structures	1,119	
(1) Residential	902	
(2) Non-Residential	217	
B. Total Sub-Standard Structures	1,009 90.16%
(1) Residential	832 92.23%
(2) Non-Residential	177 81.56%

*Detroit Medical Center General Neighborhood Renewal Plan Application. Detroit Housing Commission, Detroit, Michigan. 1958 (in the Files of the Department).

U.S. Bureau of the Census. U.S. Census of Population and Housing: 1960. Census Tracts, Final Report PHC (1) - 40 (Washington, D.C.: 1962), U. S. Government Office.

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In 1958, there were approximately 3,400 families living in the Medical Center area, and of these, 3,000 were non-white. A substantial area within the project bounded by Beaubien, Forest, Hastings, and Erskine Streets indicates a very low level of family income. The two census tracts that confirms this (Census tracts 534 and 535) indicate 1959 median family incomes for 435 families and 604 families at \$3,255.00 and \$2,233.00 respectively. A considerable disparity exists between these amounts and the median family income level of Detroit's total non-white population at \$4,366.00 and the total Detroit population median income of \$6,069.00.¹

Street crimes in the area have been a source of major community irritation and concern. This has left an adverse reflection of the area and tarnished the appeal of the existing hospital facilities to prospective medical personnel. The Detroit City Plan Commission stated that, "Because of the detrimental physical and environmental conditions found to exist in the project area, complete

¹U.S. Bureau of the Census. U.S. Census of Population and Housing: 1960. Census Tracts. Final Report PHC (1) - 40 (Washington, D.C.: 1962), U. S. Government Office.

clearance and redevelopment is necessary."² It is esti-

ated it would cost over \$40,000,000.00 to rebuild these
Proposed Renewal Plan. Since 1955, the Detroit Medical
 Center Citizens Committee has been studying the possibili-
 ties for redeveloping the area around four existing hos-
 pitals (Harper, Grace, Childrens, and Womens') into a
 modern medical center, with room for the construction of
 additional hospital facilities and other related health
 services. and medical research. The hospitals, in turn,

The proposed program for a modern, carefully planned
 areas. Such a cooperative effort would negate the need
 medical center in this area is of considerable significance
 for the University to build an elaborate hospital system
 in terms of both health service and medical training. The
 to meet its teaching needs, thus saving the taxpayers a
 four hospitals compose, roughly, one-fifth of the city's
 considerable sum of money. The Medical Center proposal
 hospital facilities and provide about the same proportion
 presumably would realize the achievement of the most ef-
 of services. Together, the hospitals have close to 2,000
 efficient use of its medical teaching personnel and facili-
 beds. Approximately 60,000 in-patient admissions a year
 are processed. This is roughly one-twentieth of all the
 patients admitted annually to Michigan's more than 200 the
 general hospitals. The four hospitals also provide about
 250,000 emergency and out-patient services. The book

²Detroit Housing Commission, op. cit.

value of the hospitals is \$27,000,000.00 and it is estimated it would cost over \$40,000,000.00 to rebuild them from the ground up.

The Wayne State University College of Medicine stands including an area within the Cultural Center adjoining the Medical Center north of Warren. The second phase has recently begun. It will include demolition and the range of facilities these hospitals offer for clinical initial construction of medical school facilities, housing, a hospital and commercial development. The third could conceivably expand their teaching efforts in new areas. Such a cooperative effort would negate the need for the University to build an elaborate hospital system to meet its teaching needs, thus saving the taxpayers a considerable sum of money. The Medical Center proposal presumably would realize the achievement of the most efficient use of its medical teaching personnel and facilities.

In addition to the proposed medical campus within the and Intra-Project Relationships

Medical Center, plans call for a balanced grouping of This Committee is a voluntary association of representatives of the four hospitals and the Wayne State churches, schools, and playgrounds.

University Medical College. Each hospital is represented by its director and two trustees. The Committee is

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Construction in the Medical Center area is divided into three phases. The first, bounded roughly by Woodward, Alexandrine, Hastings, and Mack Avenues covers

53 acres. Most of the demolition has been completed including an area within the Cultural Center adjoining the Medical Center north of Warren. The second phase has recently begun. It will include demolition and the initial construction of medical school facilities, housing, a hospital and commercial development. The third phase, formerly divided into phase three and four, includes more hospital construction and Warren area housing.

The Medical Center Citizens Committee acts in concert on broad questions affecting the project. For example, the group felt it important and necessary to rebuild within the area. A Veterans Administration and Shriners' hospital for burn patients are also planned along with a variety of mental health, public health, and rehabilitation institutions.

brought to Detroit, Dr. Anthony J. Rourke, of New

Rochelle, The Medical Center Citizens Committee of hospital and Intra-Project Relationships

This Committee is a voluntary association of representatives of the four hospitals and the Wayne State University Medical College. Each hospital is represented by its director and two trustees. The Committee is

chaired by Mr. Ray R. Eppert, president of Burroughs Corporation. The group is not a legal entity. The idea to the local legislative body and the city at large.

As representatives of the individual hospitals, the committee members are primarily concerned with the formulation of plans for the Medical Center and representing the interest plus acting as spokesman for their particular hospital affiliation. The committee hired Mr. Gerald Crane, an architect and city planner, to draw up a model plan incorporating their proposals for the transforming of the 236 acres of slums.

The Medical Center Citizens Committee acts in concert on broad questions affecting the project. For example, the group felt it important and necessary to secure an expert to tie the needs of the respective hospitals to the architectural plans. They, therefore, brought to Detroit, Dr. Anthony J. Rourke, of New Rochelle, New York, who is considered the dean of hospital consultants and is a former president of the American Hospital Association. He studied the individual hospitals, their proposed plans, and the overall project planning scheme. He then made 89 recommendations, most of which and is bounded roughly by Eight Mile Road on the north.

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are being followed. The committee also had a major responsibility in selling the mammoth Medical Center idea to the local legislative body and the city at large.

This neighborhood was settled during the late 1920's by The planning process for the Medical Center has been further complicated in that Mr. Gerald Crane, the designer-planner has been working with a continually moving subject. Each of the hospitals is a living, breathing, going organism--constantly changing, adding wings and services. The development of a coherent, compatible assembly of medical services, therefore, dictates a knowledge and integration of such on-going changes, within the ultimate development scheme.

The hospitals maintain their individual autonomy, however, on matters relating to their individual administrative practices and hospital services. Their respective manner and methods of operation, the choosing of their own architects, and the freedom to incorporate design preferences is retained by the individual hospitals.

The Eight Mile-Wyoming Project
(Neighborhood Conservation)

This area is located in the northwest section of Detroit and is bounded roughly by Eight Mile Road on the north,

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Santa Barbara on the east, Pembroke on the south, and Birwood on the west (see Figure 2).

This neighborhood was settled during the late 1920's by a small number of Negro families anxious to get away from the congested downtown areas that were becoming progressively worse as large numbers of in-migrants and other new arrivals seeking industrial employment came to Detroit. Their aim was to locate in an area that would provide some space for gardening, sunlight, and fresh air. Although there were no sewers, electricity, roads, schools, or churches in the area, other Negro settlers followed and the area's population expanded rapidly. A large majority of the families built their homes themselves, although greatly lacking in the skills of home construction. The dwellings, constructed by young newcomers, were built in a manner patterned after their former dwellings in areas of warmer climate.

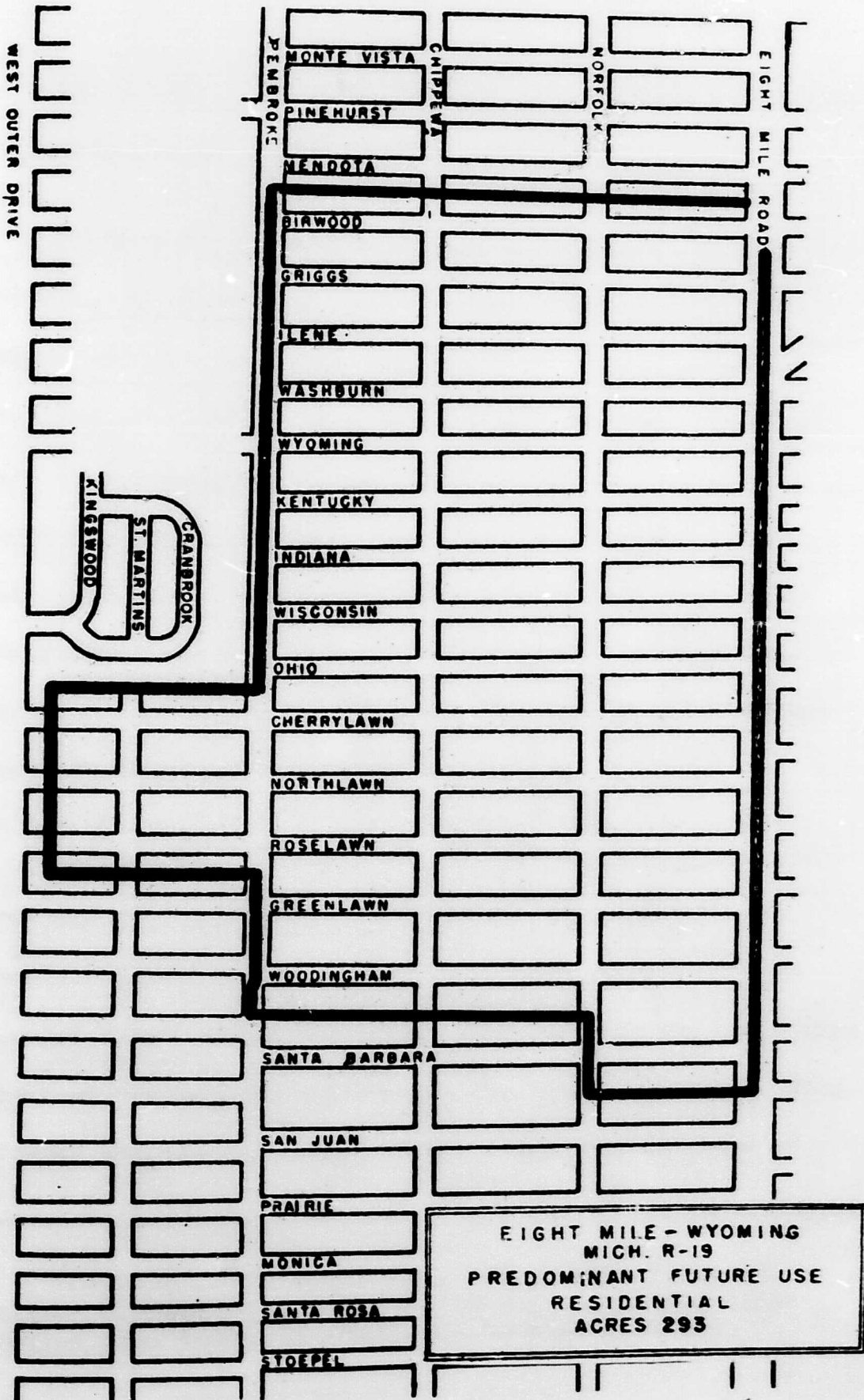
A number of families were known to have used their entire savings as a down payment on the land and their homes were then built inch by inch as they received their pay checks. In many instances the homes were built

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Fig. 2--Eight Mile-Wyoming

of scrap lumber which the males of the families were able to collect from various sources.³

In more recent years there has been some paving of streets, the installation of sewers, electricity, new school facilities, a recreation center and a number of churches. While there has been some new home construction in the area, a number of deteriorated and ill-conceived homes remain as reminders of the days when such communities were not planned but simply grew. This description of the physical growth of the neighborhood is particularly applicable to the largest portion of the project area--Pembroke to Eight Mile Road.

Other environmental deficiencies prevalent in this area are the relatively poor structural condition and general appearance of some of the Eight Mile Road commercial frontage and the mixed land uses in the industrial block of Woodingham between Norfolk and Eight Mile. Many streets are yet unpaved although the street pattern of

³Detroit Urban League, A Cursory Study of Social Welfare Problems and Resources in the West Eight Mile-Wyoming Area (Detroit, Michigan: March, 1959), p. 2.

the area attracts foreign traffic off Livernois (main thoroughfare, one block east of Stoepel) and Eight Mile during the peak periods of vehicular movement. The one playground in the area, bounded by Chippewa, Indiana, Norfolk, and Cherrylawn does not adequately serve the entire neighborhood based on locally adopted standards. In addition, few of the old homes have basements and many lack adequate sanitary facilities and central heating.

The area protruding to the south of Pembroke, just short of West Outer Drive, differs in character and in the uniformity of its physical condition. Whereas in the larger area (between Pembroke and Eight Mile) there are a number of instances of a new, modern ranch home sitting alongside a dilapidated shack, here the homes are uniform in appearance and in deficiencies as well. The homes in this area are cottage-bungalow type, constructed on wooden posts without foundations, providing no protection against vermin, and located on the rear lawn, Northlawn and Westlawn streets. The width of lots, thirty-five (35) feet in width, with negligible alley just north of West Outer Drive is insufficient for side yard space.

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Local FHA office on-site inspections found the structures in the Pembroke-Outer Drive area of the project to be not only below FHA Minimum Rehabilitation Standards for mortgage loan insurance eligibility, but found more than 82% of the total structures within this area to be

The area north of Pembroke to Eight Mile Road, making up the greater portion of the projects land area, is to receive the rehabilitation treatment.

The project area consists of forty-eight blocks comprising a total of 293 acres. The total amount of land in the area available for residential purposes is 201.1 acres. Improved land in use for residential purposes is 152.5 acres and unimproved land for residential use totals 48.6 acres. There are approximately 1,126 families in the total area, 967 of these being non-white. There are numerous vacant lots scattered throughout the area. It is expected that new homes will be constructed on them as the renewal program moves forward.

Proposed Renewal Plan. The three block area (Cherry-lawn, Northlawn and Roselawn) south of Pembroke to the alley just north of West Outer Drive is designated for total clearance on the basis of its complete and uniform

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sub-standard condition. The plans call for this area to be replatted and for development of middle-income, single family detached housing on lots averaging approximately 55 front feet. Installation of adequate street and alley lighting.

The area north of Pembroke to Eight Mile Road, making up the greater portion of the projects land area, is to receive the rehabilitation treatment. A basic part of the neighborhood improvement plan for this area involves the screening and delineation of structures to be removed because of the (1) extent of dilap

The two major ingredients of the proposed effort are (1) public physical and private structural improvement and (2) spot clearance and rebuilding. Among the planned public improvements for the area are:

- (a) three new playgrounds
- (b) improvement of the existing Chippewa-Cherrylawn Playground as a major recreational facility
- (c) landscaped walkways
- (d) new street traffic system
- (e) provision of corner lot parking and rear parking for Eight Mile businesses
- (f) adequate homeowner protection from the Woodingham industrial area
- (g) condemnation and purchase of all dilapidated buildings not brought

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- given to up to required project standards
- (h) planting street trees
 - (i) paving of all unpaved streets
 - (j) installation of adequate street and alley lighting

A basic part of the neighborhood improvement plan for this area involves the screening and delineation of structures to be removed because of the (1) extent of dilapidation and/or the economic unfeasibility of physical restoration and (2) those structures allowed to remain standing provided any and all structural violations are corrected and structural recommendations are made. The procedure established to carry out this phase of the program is for a city building inspector, familiar with the physical project standards for the neighborhood, to inspect every house, list all enforceable building violations and supplement these (minimum standards) with recommended items (unenforceable, however, under the zoning ordinance) reflecting "desirable" project standards and objectives. Since the recommended items cannot be enforced and depend in large part on the property owners willingness to correct them, the follow-up on them is for

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servicing and assisting families to relocate to other

given to community organization workers working out of the Detroit Housing Commission field office in the neighborhood. The Building Inspector, however, retains responsibility for securing compliance on code violation items.

This unit assists families in exploring the possibilities for home purchase, either under special mortgage insurance acquisition and clearance for one of the following purposes or reasons. Some are to be removed to provide for public facilities and improvements such as additional conventional financing plans. For those individuals or families having special social or financing problems, residential structures are scheduled for removal due to referrals to appropriate public or private agencies are being non-conforming or incompatible uses where presently located. Alley dwellings are an example of this. Listed moving costs of up to \$200.00 for families and up to a maximum of \$25,000 for businesses, the latter subject to federal approval. Owners of condemned property are entitled to be made. Such structures would be removed from clearance category only if the owner presents specific plans and a program of action to bring the structure up to project standards.

Relocation. The administrative unit responsible for servicing and assisting families to relocate to other

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quarters is set up within the Detroit Housing Commission,
 the local renewal co-ordinating administrative agency.

It services single persons and businesses, as well, in
 planning for relocation, giving them up-to-date informa-
 tion on when specific renewal sites must be cleared.

This unit assists families in exploring the possibilities
 for home purchase, either under special mortgage insurance
 programs, such as Section 221 of the Federal Housing
 Administration (FHA) for the displaced or under the
 conventional financing plans. For those individuals or
 families having special social or financing problems,
 referrals to appropriate public or private agencies are
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52

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patients, thus

CHAPTER IV

COMMUNITY GROUP INTERACTION

The Medical Center Controversy

The controversy surrounding the proposed Medical Center Redevelopment Project was dramatically manifested for the first time at the public hearing held before the Common Council, January 15, 1960. The purpose of the hearing was to secure public approval on the first phase of the project. Representatives of three organizations previous to the public hearing, the Booker T. Washington Trade Association, made up of Negro businessmen and tradesmen, endorsed the project as worth while, but urged that the project should not be permitted to proceed until alleged practices of racial discrimination charged against three of the four hospitals forming the nucleus of the center, were corrected. Dr. Lawrence S. Lackey, President of the Detroit Medical Society, Mr. Edward M. Turner, President of the Detroit Branch of the NAACP; and Mr. William L. Price, Director of Community Services for the Detroit Urban League acted as spokesmen. Harper, Grace, and Women's Hospitals were accused of unfair discriminatory practices against Negro patients, physicians, and

There is sufficient justification for being apprehensive of promised 'equal benefits' until there has been immediate modification

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medical and technical personnel. Dr. Lackey charged that the three hospitals admit Negro patients but refuse staff privileges to most of the Negro physicians of these patients, thus denying the patient the right of free choice of his or her doctor.

Although this was the initial effort made to actively block the forward movement of the project, previous indications of dissatisfaction on the part of representatives from the Negro community had been made. Four years previous to the public hearing, the Booker T. Washington Trade Association, made up of Negro businessmen and tradesmen, stated that the objective of the Medical Center was "desirable" but "inconsistent" with their present hospital practices. The group was of the opinion that

. . . a governmental expenditure for the establishment or expansion of privately owned hospital facilities which racially discriminates in service to the community is an improper object to which to devote money belonging to all the people.

The Association further stated

There is sufficient justification for being apprehensive of promised 'equal benefits' until there has been immediate modification

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of present hospital policy in the areas of training, service, and employment. There should be assuring proof in advance.¹

Although these charges were directed at the three hospitals previously mentioned in the project area, it is important to consider a second major factor (in addition to the public hearing) giving substance to, and contributing toward setting the stage for the ensuing controversy. This involves the work of the Medical and Hospital Study Committee, created in 1952 and sponsored by the Mayor's Interracial Committee² for the purpose of reviewing racial factors in hospital policy and practice and given the responsibility of recommending logical and efficient means for eliminating this problem in the Detroit community. This Study Committee, composed of 35 distinguished citizens representing a cross-section of Detroit's community life, issued six reports on the major phases of hospital and medical services: nurse training and

¹"Bloc Asks Medical Center Delay Until All 'Racial Barriers' End," The Detroit News, August 16, 1956, p. 1.

²The predecessor of the present Commission on Community Relations.

³Detroit Commission on Community Relations, Medical and Hospital Study Committee Report (Detroit, Michigan: 1956), pp. 13-14.

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employment; medical training, including medical schools and internship and residency training programs; medical staff appointments; and bed utilization and assignment practices in 47 Detroit hospitals.

The committee in its reports, concerned itself only with the scope of the problem--it did not identify any hospitals or institutions by name. The committee did find, however, problems of appreciable community concern. For example, in assessing the opportunity and chances of the Negro applicant for medical training in hospitals, it was found that only 4 of the 17 hospitals approved by the American Medical Association for training interns had ever admitted one or more Negro graduates of accredited medical schools. Only 7 of 20 AMA approved hospitals for residency training of interns had ever admitted one or more Negroes of accredited medical schools for such training. The committee stated that this resulted from racial restrictions and not from unsuitable applicants. It summed up this training pattern as deliberate, wasteful and unnecessary.³ It was also found that only two of the

³ Detroit Commission on Community Relations, Medical and Hospital Study Committee Report (Detroit, Michigan: 1956), pp. 13-14.

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nine hospital-affiliated nurse training schools had any record of consistent enrollment of qualified Negro students. Very few of the 170 Negro physicians in Detroit held staff appointments in the voluntary nonprofit hospitals. It was also determined that except for governmental hospitals, patient segregation in wards and semi-private rooms was the prevailing pattern. On a community-wide basis, this was the problem expressed in manifest terms.

On January 25, 1960, the Common Council again considered. It was against this background of impartial, documented findings confirming the existence of discriminatory practices in Detroit area hospitals in 1956 and similar charges made by the three Negro organizations at the public hearing that such practices were current that Council approval was postponed. Councilman William T. Patrick, Jr. insisted that a moratorium be called on the project until the question was resolved. As the lone Negro councilman, it was not unexpected that his response to the protestations of the Negro representatives would be vigorous. *The Detroit News*, January 1, 1960, p. 1.

There was evidence by way of public statements that *The Detroit News*, January 25, 1960, p. 1. some of Detroit's leading figures felt the necessity for,

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and the gains to be derived from, immediate council approval far outweighed the unexpected issue of social justice. Mr. Ray Eppert, Chairman of the Medical Center Citizens Committee stated, "It will be a sad day for Detroit if these charges of discrimination hinder this tremendous undertaking. . . . [He stated it was] unfortunate that charges of discrimination were raised."⁴

The matter was taken under advisement by the Council. will not solve this delicate problem," Miriani said.⁶

On January 25, 1960, the Common Council again considered the proposal in an effort to reach a decision in time to meet the March 1st deadline on applications for federal funds for the project. On a motion by Councilman Patrick, the Council postponed action on the project until February 2. He argued for the delay until "the Council has clear evidence that hospitals in the area will act in good faith to help clear up charges of discrimination being practiced against Negro doctors and nurses."⁵

⁴"Bias Charge May Delay Medical Center Project," The Detroit News, January 1, 1960, p. 1.

⁵"Council Delays Medical Center," The Detroit News, January 25, 1960, p. 1.

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Councilman Patrick also asked that the Advisory Committee on Hospitals, sponsored by the CRC, be invited to report on the present practices of the hospitals. Mayor Louis C. Miriani and the heads of the Housing Commission, City Plan Commission, and the Corporation Counsel's office argued that any delay longer than one week might kill the project at the federal level. "Delaying this project because of a social ill will not do the city any good and will not solve this delicate problem," Miriani said.⁶

It should be mentioned that there is no record or indication of contradiction of the charges made against the hospitals by the institutions themselves. On the other hand, it cannot be said that the administrative officers, federal requirements disqualifying programs using federal funds where discriminatory practices are evident. The units involved, were fully aware of the importance of this grievance inasmuch as a private citizens committee, body of the proposed program, the Medical Center Citizens not including general community involvement, was initiating the bulk of the planning activity and acting as the sponsoring body.

⁶ Ibid.

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Appropriate dramatization of the problem was deemed essential to get responsible city government and community leadership to focus attention on it and to take steps toward solving it. It was felt by the protesting groups that the public hearing requesting community support for the Medical Center endeavor represented the most propitious opportunity to project their grievance.

On January 28, 1960, representatives of the four hospitals, hospital-related organizations, the Commission on Community Relations, the Detroit Urban League, the Advisory Committee on Hospitals, the Detroit Medical Society and the NAACP met in the conference room of the mayor. This marked the entry of the Advisory Committee on Hospitals (see Appendix IV) in the controversy. This committee was created in 1957 to implement the recommendations of the Study Committee. Bishop Richard S. Eulich, Chairman of the Advisory Committee described the Com- mittee's concern, and referred the group to the statement of nondiscriminatory policy required of recipients of federal funds where discriminatory practices are evident. The pressure was clearly being placed against the sponsoring body of the proposed program, the Medical Center Citizens Committee and the Mayor's office, as well as the Common Council to take steps toward mitigating the alleged grievances.

Letter from Mayor Louis C. Miriani and Common Council, Undated. Library of Congress: The Detroit Medical Center September, 1958.

The response of the Mayor at the time the allegations were made offers sharp contrast to words he included in a

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"Statement of Appreciation" directed to the members of the Medical Center Committee in which he said, "We regard it as our simple duty . . . that we should do everything in our power to . . . develop the medical resources and personnel which we so urgently need in order to make the results of these advances available to all the people."⁷

On January 28, 1960, representatives of the four hospitals, hospital-related organizations, the Commission on Community Relations, the Detroit Urban League, the Advisory Committee on Hospitals, the Detroit Medical Society and the NAACP met in the conference room of the mayor. This marked the entry of the Advisory Committee on Hospitals (see Appendix IV) in the controversy. This committee was created in 1957 to implement the recommendations of the Study Committee. Bishop Richard S. Emrich, Chairman of the Advisory Committee described the Committee's concern, and referred the group to the statement of nondiscriminatory policy required of recipients of

⁷ Letter from Mayor Louis C. Miriani and Common Council, Undated. Lithograph Brochure; The Detroit Medical Center, September, 1958.

APPROVED BY THE BOARD OF TRUSTEES

federal funds through the Michigan Office of Hospital Survey and Construction, a state agency. This resolution states:

"That the Board of Trustees of _____ Hospital does hereby certify that all phases of the operation of _____ Hospital shall be without discrimination against individuals or groups of individuals on the basis of race, creed, color, or national origin and that the administrator of _____ Hospital is hereby directed to take such action as is necessary to assure that _____ Hospital shall in fact be so operated."

At the suggestion of Bishop Emrich, the policy resolution quoted above was submitted to the Boards of Trustees of the four hospitals and adopted. This action was accepted by all parties. On February 2, 1960, he reported the agreement to the Common Council and transmitted the statements of policy adopted by the hospital trustees to the Council for inclusion in its permanent record. The plan was, then, formally approved by the Council at its official session, Tuesday evening, February 2, 1960.

WAYNE COUNTY 19 21418 9NYAW

What was secured on the part of the protesting groups and the municipal administrative and legislative establishments at this time was not implemented change, but written commitments to the revision of policies and actions in accordance with the resolution. The spokesman and chairman of the Advisory Committee on Hospitals, Bishop Emrich, was the leading mediating factor in bringing about this initial bridging of the controversy. This served, however, to be only a temporary abatement of hostilities.

Three months later, Dr. Lawrence Lackey, speaking in behalf of the Detroit Medical Society (DMS), accused Woman's, Grace, and Harper Hospitals of having done little or nothing in a concrete manner to implement the no-discrimination pledges that they made. Commending the officials of Childrens Hospital for their actions in the elimination of discrimination in patient placement, residency training, and staff appointments, he stated the same could not be said for the other three. Detailing charges, he said,

There are at least 51 Negro doctors in intern and residency training in the greater Detroit area. Only 11 of these are in semi-public hospitals. Five or nearly one-half of these

ANN ARBOR MICHIGAN STATE UNIVERSITY

are in semi-public hospitals. Five or nearly one-half of these 11, are at Children's Hospital. One is at Woman's for an internship only, and none at Grace or Harper. Out of the many thousands of interns and residents trained by Grace, Harper, and Woman's Hospitals during the past 100 years, only three have been Negroes.⁸

Dr. Lackey also pointed out that most of these interns and residents would remain in the Detroit area to practice a completely nondiscriminatory, equal opportunity system of medical and hospital practice. It is composed of 20 leading persons in the community from the areas of business, labor, medicine, nursing, and the religious and civic life of the city. The CRC provides staff services for a new phase in the controversy was taking shape.

A new phase in the controversy was taking shape. Whatever plans of action were undertaken by the four hospitals, only one had satisfied the complainants with three levels: (1) government action; (2) hospital planning and funding organizations, and (3) the individual hospital or institution. Its activity in working through government action and the several organizations and hospitals in the adoption of nondiscriminatory policy and commitments into observable modifications of behavior. It was also decided by the organizations seeking change to concentrate on one hospital at a time.

Harper Hospital received top priority and the increased

⁸"Medical Group Head Rips Three Hospitals," The Michigan Chronicle, May 28, 1960, p. 1.

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pressure was attributed in the securing of four staff appointments shortly thereafter.

The Building Fund, a division of the United Foundation, in its hopes for implementing the recommendations of the Hospital Study Committee, the Advisory Committee on Hospitals has as its primary goal the achieving of a completely nondiscriminatory, equal opportunity system of medical and hospital practice. It is composed of 20 leading persons in the community from the areas of business, labor, medicine, nursing, and the religious and civic life of the city. The CRC provides staff services for the committee.

The Advisory Committee has approached the problem on three levels: (1) government action; (2) hospital planning and funding organizations, and (3) the individual hospital or institution.

Its activity in working through government action and the several organizations and hospitals in the adoption of nondiscriminatory policy resolutions has been indicated.

In the latter part of 1960 the Advisory Committee called the resolution requirement of the Hill-Burton Act to the attention of the Executive Committee of the Detroit Medical Society was leveling its latest charges at the hospitals (May, 1960), the Advisory Committee was operating on

APPROXIMATELY 19 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

another front by holding a series of conferences with the Allocations Committee of the Metropolitan Detroit Building Fund, a division of the United Foundation. The Building Fund, a private organization, raises funds for hospital construction and expansion through the contributions of businesses, foundations, and individuals.

Following discussions and negotiations with the Advisory Committee, the Allocations Committee acted favorably on the suggestion that the resolution of non-discriminatory policy required of hospitals seeking funds under the Hill-Burton Act be also incorporated in its contracts with fund recipients. The resolution has been embodied in all such contracts since June 28, 1960 when the requirement was instituted.

It was also during this period that the NAACP was making frequent inquiries of the Commission on Community Relations to secure information on the extent of implementation made by the Medical Center area hospitals.

In the latter part of 1960 the Advisory Committee called the resolution requirement of the Hill-Burton Act to the attention of the Executive Committee of the

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Greater Detroit Area Hospital Council, Inc., a survey and planning organization servicing 70 member hospitals in the greater metropolitan Detroit area. Following exploratory discussions the Hospital Council adopted a resolution recommending nondiscriminatory policy and practices by member hospitals and further recommended that they adopt the previously mentioned resolution.

These hospital service organizations were prime targets of the Advisory Committee in securing additional leverage to encourage equalization of opportunity for medical and hospital service. The status of the members serving on the Advisory Committee and the fact that most of those who served were involved in the problem and in its solution facilitated cooperation by the hospital related organizations.

The manner in which positive change is sought, through negotiation and conciliation, does not lend itself, however, to appreciable and discernible changes taking place within a short term period. Progress is slow, partly due to the unavoidable lag between initiating a policy decision and demonstrating its implementation.

APPROVED BY THE BOARD OF DIRECTORS

The reluctance of some institutions to recognize any responsibility for the solution of such problems called to their attention, or, in some instances, to recognize the existence of such problems, is also a significant barrier to change.

This, coupled with an attitude from the Mayor's office making it quite clear conciliation was being sought to circumvent negative publicity rather than coming to grips with and correcting basic social ills, also served to contribute to the hospitals lack of concern. There were only two discernable friends of the protesting organizations on the Common Council, Councilman Patrick and Lincoln. Two other members, Blanche Parent Wise and William Rogell, appeared to be unsympathetic in every respect. The other five members were somewhere in between and responded according to the varying pressures directed their way.

What appears to be the most crucial phase of the controversy and in all likelihood a pattern of community pressure and action greatly affecting not only the Medical

The CCR did however outline for Council consideration the content of consultations recently held between the Advisory Committee on Hospitals and representatives of the

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metropolitan Detroit area began when the Commission on Community Relations received from the City Clerk's office on April 19, 1962 a petition of the Community Coordinating Council (C.C.C.) regarding the hospital discrimination issue. The charges made by C.C.C. representatives during a Common Council hearing on the second stage of the project affirmed the continued existence of race bias in the three hospitals. The CCR was requested to submit a report to the Common Council on the charges after transmitting copies of the petition to the presidents of the boards as well as the administrators of each of the three hospitals asking that they review, comment, and respond as the petition related to their institution. By Tuesday, April 24, verbal reports had been received from each hospital. A full and complete report could not be prepared within this period by the CCR for the Council due to the complexity of both the charges alleging discriminatory practices as well as carefully verifying responses of the individual hospitals.

The CCR did however outline for Council consideration the content of consultations recently held between the Advisory Committee on Hospitals and representatives of the

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Board of Grace Hospital. The primary concern was the extent to which the hospital had been able to demonstrate evidence of full and complete compliance with the pledge of 1960. The hospital conceded after considerable discussion that their pattern of operation ". . . did not apparently demonstrate compliance with the Board's non-discriminatory policy."⁹ They expressed what appeared to be genuine concern over this image. This was, however, much too little and too late.

The threat that looms large over any effort on the part of the petition of the Community Coordinating Council did not equivocate. It respectfully demanded that the Common Council take immediate and appropriate action to compel compliance by the Medical Center Hospitals with the non-discrimination agreement. The recommendations to the council by Richard V. Marks, Secretary-Director of the CCR, supported the plea for securing compliance by outlining a procedure, supplementing the nondiscrimination agreement, with a plan of implementation including specific steps, priorities and timing for each of the three hospitals.

⁹ Letter from the Commission on Community Relations to the Common Council, dated April 26, 1962.

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The specific areas of concern and modification have been identified and agreed upon between the respective hospitals and the representatives of the Advisory Committee. The CCR is required to report back periodically to the Council on the progress of compliance. Its reports and recommendations are based on the findings of the Advisory Committee and CCR staff members after monthly on-the-spot surveys spanning a six month period.

The threat that looms large over any effort on the part of the hospitals to maintain the status quo or to proceed with changes at a snail's pace is the unanimously adopted resolution of the Common Council of April 26, 1962, in which it was resolved that

. . . the City of Detroit will not dispose of land in the Medical Center Area to any of the hospitals until this honorable body has assurances that the purchasers of said properties will have eliminated any alleged discriminatory practices.¹⁰

This resolution placed an obligation upon the Medical Center Hospitals going beyond the mere utterance of good

¹⁰ Journal of Common Council Proceedings (Detroit, Michigan: April 26, 1962), p. 900.

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faith and legal commitment put to paper. Significant and overall compliance had to be demonstrated to secure the clearance of the Advisory Committee making it possible for Council to approve land sales for institutional expansion or rebuilding. The willingness of Common Council to readily and unanimously adopt such a measure reflects not only its general change of character and personnel, but its sensitivity to overall community awareness and concern of the problem.

It is on the level of individual hospital consultation, negotiation and, when necessary, the focusing of pressure that the greatest strides have been, and are expected to be made. The efforts and strategies employed by Negro physicians in obtaining hospital appointments have played a significant part in bringing about greater access to facilities. Among the most important aids to achieving staff appointments at predominately white hospitals in Detroit are the contacts established between white and Negro physicians. One Negro physician desiring affiliation with a specific hospital deliberately accepted an appointment at a clinic because it was also serviced by important physicians from the hospital with which he desired

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affiliation. The technique proved successful, and after two years the Negro physician received the desired appointment. In an interview with Dr. Lawrence Lackey, December 14, 1963, he stated Women's Hospital did not begin to move Negro patients into all parts of the hospital until late in 1963 when a letter was written by Dr. Charles Wright to the state senators of the United States informing them pressure would be brought to bear to block Federal appropriations to the hospital unless the situation was corrected. He further noted that at Grace Hospital the Negro physicians combined and "raised such a fuss" about conditions that they threatened to use outside force unless the Board of Trustees made some changes. At all times the battle is being waged on legal and moral grounds according to Dr. Lackey.

In attempting to determine where the roadblocks to hospital affiliations specifically lie, the belief among some Negro physicians is that the source of obstruction differs between hospitals. At Woman's Hospital, there has been reason to believe the Board of Trustees is the chief source of resistance. Some Negro physicians have been approved by the staff but were subsequently turned down

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by the trustee board. At other institutions, the application may not get to the board because the staff may turn them down. The refusal may not be strictly on a racial basis, but the desire to mitigate competition from any applying physician. This occurs in instances where physicians, usually specialists, are faced with the

The persistent efforts of concerned groups in the prospect of vying for patients with new, incoming physicians over a period of eleven years (1952-1963) have community over a period of eleven years (1952-1963) have begun to pay off. In this time, two hospitals--Harper Hospital and Childrens Hospital have been certified to the CCR by the Advisory Committee as free from bias in the other obstacles forming a web inhibiting equal access to hospital facilities, the result of such intra-professional areas of medical and nursing staff appointments and training acts of self-interest further compound his disadvantage. ing as well as patient accommodations and the use of room

The agreed upon method of operation to determine hospital compliance has been worked out between each of the hospitals and the representatives of the Advisory Committee. The monthly surveys of the hospitals are assigned to CCR staff members. After a six month period, reports are submitted to the Citizens Advisory Committee who in turn communicate their recommendations (to continue surveys after further consultation with hospital officials or to clear hospitals for land purchases) to the members of the Commission on Community Relations. The CCR, as the

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official city agency charged with advising the Common Council on areas of tension in the community and sponsor of the independent acting citizens advisory and study organizations, then formally transmits its recommendation to the Council.

The persistent efforts of concerned groups in the community over a period of eleven years (1952-1963) have begun to pay off. In this time, two hospitals--Harper Hospital and Childrens Hospital have been certified to the CCR by the Advisory Committee as free from bias in the areas of medical and nursing staff appointments and training as well as patient accommodations and the use of room facilities. Grace and Woman's Hospital are still undergoing frequent surveys and continue to expose unsatisfactory conditions. The former has made some progress in Negro patient placement practices. Negro physicians have been appointed to the courtesy staff, but none have been upgraded to the attending staff. Woman's Hospital, considered the most rigid and tradition-bound, until 1963 held a rigid patient segregation pattern. Continuous pressure has brought about the placing of Negro patients throughout the hospital.

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The Medical Center hospitals yet to secure clearance are merely postponing the inevitable and soon-to-come day when equal access to, and equal opportunity for optimum medical service becomes a reality for the benefit of the total community.

The Eight Mile-Wyoming Controversy

During the initial stages (Summer, 1958) of organizing the Eight Mile-Wyoming project neighborhood into active block club and small area groupings for purposes of securing community involvement and a concensus of approval, there was little or no visible opposition to the proposed renewal plan. Approximately one-half of the project area had been organized when the first signs of displeasure were manifested by a segment of the community. Several owners of small businesses along the Eight Mile strip began attending meetings taking place in the neighborhood to question that part of the plan which proposed the condemnation and elimination of the existing Eight Mile business frontage and the creation of a modern type shopping center. The complaints were bitter with racial overtones and accusations were made that the City of Detroit was deliberately concocting a scheme to strip Negro businessmen of their

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entrepreneurial interests so that the properties might be turned over to prospective shopping center developers.

The success of the new Northland Shopping Center, a short distance to the west of the project, gave sustenance to the belief held by the owners of these Eight Mile properties, that their holdings were of extraordinary value and prompted the suspicion that other interests wished to acquire their holdings. To the small businessman, the city of Detroit was acting to aid and abet these presumed designs.

The lack of confidence by the business interests in the community was not based entirely upon fancy. During the initial organizing effort on the part of the Community Organization Division of the City Plan Commission, the businessmen were not systematically encouraged to take part in the negotiations and approval of the proposed plans that were ultimately passed upon at the general Eight Mile-Wyoming Neighborhood Council meeting held July 21, 1959. The planners had made no provisions for the future expectations of existing business relocation and/or rebuilding within the project area. It became quite clear that a significant group in the community

WAYNE STATE UNIVERSITY

had been overlooked in the official project considera-

tions. were building up in isolated areas and around

various rallying points within the neighborhood. In some

A series of meetings between the businessmen and
 instances, expressions of dissatisfaction were based on
 city plan officials were initiated; however, their
 feelings held over from prior periods of time. Some in-
 disapproval remained constant. This was the situation
 individuals in the neighborhood felt the city officials
 even though planning revisions were made doing away with
 had never cared what the needs of their area were in the
 the shopping center proposal. The alternative was to allow
 past. Such persons would point to the unpaved residential
 the better constructed and maintained business properties
 streets and side roads and the undeveloped city-owned 26
 to remain and condemn only those clearly beyond rehabilita-
 areas of land lying south of Peabroke and west of Wyoming
 tion feasibility. In the meantime, the neighborhood council
 Avenue, which was in the custodial care of the Department
 of Parks and Recreation. The idea of condemning 2 or 3
 group as a part of the overall representative structure.
 new homes for expanded recreation, greenbelt, and walk-

For a short time the businessmen, as an identifiable
 neighborhood group, were the only hard core dissidents to
 the program. A number of residents in the area began to

direct sharp criticism at them, however, and voiced dis-
 satisfaction at the lack of upkeep, the unsightliness,
 There was also resentment on the part of some of the
 Negro residents who had encountered individual instances
 and the general run-down appearance of many of the
 of resistance and overt hostility registered against these
 commercial establishments along the strip. This community

criticism prompted a reduction of complaints by the busi-
 nessmen as a group.

WAYNE COUNTY INDIANA

Pockets of misunderstanding, resentment, and ill-will, were building up in isolated areas and around various rallying points within the neighborhood. In some instances, expressions of dissatisfaction were based on feelings held over from prior periods of time. Some individuals in the neighborhood felt the city officials had never cared what the needs of their area were in the past. Such persons would point to the unpaved residential streets and side roads and the undeveloped city-owned 26 areas of land lying south of Pembroke and west of Wyoming Avenue, which was in the custodial care of the Department of Parks and Recreation. The idea of condemning 2 or 3 new homes for expanded recreation, greenbelt, and walkway areas when this parcel of land continued to lay dormant for other future use was irrational to some, proposed program. The first involved the lack of specific incomprehensible to others.¹

There was also resentment on the part of some of the Negro residents who had encountered individual instances of resistance and overt hostility registered against them

¹The majority of this proposed development area was already vacant with many of the lots being city-owned.

WAINB STATE OF MASSACHUSETTS

as they attempted to move westward, between Livernois and Wyoming. Broken windows and general harrassment occurred on several occasions. The apparent lack of general concern being displayed on these issues, official or otherwise, and the smoldering resentment built up in the minds of those affected, prompted suspicions and the raising of questions--Why now?, Why the sudden concern for our neighborhood? The implication was that the official concern being shown for the community at this time did not warrant unqualified acceptance on the part of its residents. This lack of trust was expressed verbally a number of times in a number of different ways.

At this early stage of the program two additional issues without clear definition served to cloud the proposed program. The first involved the lack of specific and agreed upon relocation plans for the elderly and infirm affected by condemnation proceedings. There were several such families to be affected and their only alternative, if unable to secure an award sufficient to pay for another home outright, would be to rent, move in with relatives, or move into public housing facilities. Planning and Housing officials usually held the latter to be

WAINBORN 10 21 1960

the most appropriate alternative. This, however, ran counter to the desires and attitudes held by the aged persons affected and their sympathizers. The hope of spending their last days in their present home irrespective of its physical condition, the possibility of receiving a pittance as a condemnation award, and the relative inability to secure mortgage financing for new quarters, plus the dismal image that institutional-like public housing held for many persons, served to generate further dissatisfaction.

The second issue involved the determination and specific identification of all structures considered dilapidated beyond the point of economic feasibility for rehabilitation purposes and those that could remain if adequately renovated. During September, 1959 there were differences of opinion among staff and administrative personnel in the Housing and City Planning Commissions concerning the desirability of informing the people in the neighborhood which homes were being proposed for condemnation and which for rehabilitation. A public hearing was pending and indications of dissatisfaction within the neighborhood were continuing. Agreement against disclosure was taken by

WAINB GATED BY ADAM M. LIND

some of the administrators who contended such knowledge received prior to the public hearing would bring a large number of persons determined to oppose the plan and the demolition of their homes. It would also have been necessary to get a special ruling from the federal government inasmuch as the timing for such an inspection was not in accord with their requirements. However, a non-federally assisted inspection was permissible should the local administrators have deemed the issue crucial enough to warrant it.

This point of view failed to take into consideration, however, the possibility that many more persons were likely to attend the public hearing protesting the entire plan because they knew only that their houses were being considered for possible demolition. This, plus the issue of simple candor, were not considered sufficient enough reason by the city housing and planning officials to expedite a screening inspection and making subsequent housing classifications public knowledge.

Another aspect of this last issue is the fact that a number of people were either postponing making needed repairs to their houses or were making repairs and improvements,

APPROXIMATELY 10,000 UNITS

some of which were non-essential insofar as helping bring the structure up to proposed neighborhood standards. In effect, the people who were not making repairs as needed were jeopardizing their property; those making them ran the risk of spending money for improvements on a home that might later be judged dilapidated or a blighting influence. The inclination to deal with these humane aspects of the program other than in a solicitous, forthright manner served to contribute toward a deteriorating relationship.

The aforementioned acts of commission and omission must be viewed and assessed in the light of previous experience and existing guidelines--of which there were few: The only conservation type project planned and administered by the City Plan and Housing Commissions previous to Eight Mile-Wyoming was the Mack-Concord pilot project. A basic and essential difference in the improvement plan for the two areas was the scope of anticipated demolition other than for playgrounds and street changes. In Mack-Concord, there were only a small number of houses to be removed for other than public improvement purposes.

WALTON STATE COLLEGE

Extensive removals of property were planned for Eight Mile-Wyoming.² This limitation, coupled with the burden placed upon the community organizers of having to organize block and area groups, explain the proposals and secure a concensus of community support, and bring about broad,

It soon became clear that the reactivation of this active citizen involvement in all phases of the program-- group was for the express purpose of aligning together all within a period of approximately three months, made those persons in the area, residents and individual busi- the entire effort considerably more difficult than it ness proprietors, with the greatest opposition to the might or should have been.

At approximately the time the Eight Mile Road business interests were embarrassed into silence by community criticism of laxity in business property maintenance, the Carver Progressive Club which had been dormant as an active organization for several months, was revived. The stated purposes of this group were held to be the building of ". . . a better community through the improvement of living conditions, improved school facilities, and faster and better civic relations in the community."³ This club was

²A list of properties compiled in 1960 by the City Plan Commission indicated a total of 150 dilapidated structures, 141 residential--9 commercials, slated for removal. These do not include the several non-conforming structures also scheduled for removal.

³Detroit Urban League, op. cit., p. 48.

organized originally in 1939 and its leader and president, Mr. Alphonso Wells, has held the office since 1956. Although at one time claiming a membership of 50 persons, its present membership is not divulged.

It soon became clear that the reactivation of this group was for the express purpose of aligning together those persons in the area, residents and individual business proprietors, with the greatest opposition to the program. Judging from the turnouts at Council meetings and other gatherings, the Carver Club never appeared to have more than 10 or 12 different persons making up its entire opposition group. It had been quite clear that what general opposition there was in the community toward the program was held by the older residents, resistant to change of their known way of life and the most threatened by what was being proposed. Not only were the motives of the public agencies impugned but verbal attacks were directed against residents in the area known to be receptive and acting toward community accommodation of the program. The hard core dependables of the Carver group, however, numbered no more than approximately six or seven clearly distinguishable persons. Along with Mr. Wells,

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WATKINS COUNTY HISTORICAL SOCIETY

whose home was scheduled to be condemned due to dilapidation, the most vociferous members were Mrs. Theancy Ward, whose home was scheduled to be condemned for Eight Mile Road parking expansion, Mr. James Peoples, owner of a confectionary at Eight Mile Road and Indiana and Dr. Richard McGhee, with offices located at Eight Mile just west of Wyoming. Mr. Albert Cockfield, owner of the Cockfield Funeral Home at Roselawn and Eight Mile was also an associate of this group.

The tactics employed by some members of the Carver Club and their successful efforts in causing residents active in community improvement work to disassociate themselves completely from organized activity were quite effective. Refusing to abide by "parliamentary" procedures, representatives of the Carver Club plunged Community Council meetings into turmoil. Residents in the area began to absent themselves from meetings with increasing regularity and in growing numbers. The result was that it became necessary to discontinue open community meetings. This was an unfortunate abdication made by the temperate element of the community to the tactics of the opposition.

WITTINGTON COUNTY

Probably the key issue influencing the subsequent total breakdown and open legal warfare was the imposition of a building permit review procedure restricting normal building improvements and alterations on personal property within the entire project area (J. C.C. November 1, 1960, pp. 2196-2197). The purpose of this procedure was to (1) prevent improvements on property scheduled for eventual public usage or a public purpose and (2) to assist homeowners to adequately fit their property renovation plans to program requirements and standards. The rationale behind the latter was the felt-need (on the part of the planners and the LPA) to mitigate misplaced and inappropriate expenditures of funds on the part of property owners. The Department of Building and Safety Engineering was directed to refer all permit applications to the Common Council for review.

Although solicitous in intent and motivation with respect to the economic interests of the neighborhood at large, this restrictive procedure was looked upon by some elements of the community as being high-handed and

⁴Journal of the Common Council for September 16, 1958, p. 1915; December 2, 1958, pp. 2476-2477; December 16, 1958, pp. 2568 and 2571.

APPROVED BY THE CITY ENGINEER

presumptuous. To some persons it was another instance of being singled out for a unique and arbitrary display of public power and administrative capriciousness.

It is clear, however, that the lack of a clearly visible and vocal group of residents projecting wholehearted acceptance of the program, the general lack of community understanding of the program and its meaning for the area, and the actions of the Carver Progressive Club which appeared to capitalize on fear, misunderstanding and distrust, were the essential ingredients of this growing controversy.

What appeared to be increasing hostility on the part of the Carver Progressive Club resulted in the initiation of litigation against the, then Mayor Louis Miriani, the Common Council, the heads of city departments and the City Clerk, presented to the United States District Court for the Eastern District of Michigan, Southern Division, and before the Honorable Thomas P. Thornton, United States District Judge, presiding. (Civil Action File Number 20061, dated April 25, 1960). The case was dismissed by the

WILLIAM W. WATSON

District Court on a technicality⁵ and affirmed by the United States Circuit Court of Appeals.

On May 27, 1963 another suit was filed by the same citizens group--Alfonso Wells, et al. in Circuit Court. Homeowners and businessmen in the area charged that the \$4.4 million project was illegally approved by the City Council and was in violation of the President's executive order on racial discrimination in housing issued November 20, 1962. Named in the suit were Robert C. Weaver, administrator of the United States Housing and Home Finance Agency (HHFA); Owen Johnson and Philip Dellegracio, director of the Detroit field office of HHFA, the city of Detroit and the Housing Commission. The suit charged that, contrary to requirements for urban renewal projects, the Eight Mile-Wyoming area is not characterized by blight,

⁵See Chapter 1. Since the disposition of this case was not based on the merits of the complaint, specifics of the complaint will not be pursued here.

WILLIAM G. HANCOCK, JR. ATTORNEY AT LAW

that proper notice was not given to the affected residents and that the City Council presented a false picture of blight in the area in getting federal government approval.

Paragraph 13 of the plaintiff's bill of complaint stated that:

Paragraph 15--

. . .there now exists within the City of Detroit, no other comparable community, where Negro businesses are owned, operated, and supported to the extent now existent on the West Eight Mile Road between San Juan and Mendota Streets; and Plaintiff's aver that there is no area within the Detroit Metropolitan Complex to which these business enterprises and operators could remove themselves and repair with the hope of successful relocation of their businesses and with a comparable opportunity for trade and expansion, as they now enjoy.

Paragraph 15 charged:

. . .the neighborhood . . . is not, and has not been, a slum; is not, and has not been characterized by blight; is, and has been, a well-planned and organized community of decent homes with suitable living environment for adequate family life for its occupants.

Paragraph 25 argued that on January 13, 1960, at 10:00 a.m., of that day, the Common Council for the City of Detroit, without giving the notice required by Michigan

Statute, or that degree of notice required by the Civil Action No. 7571, State of Michigan, Circuit Court for Wayne County, 1963, p. 4.

APPROVED BY THE ATTORNEY GENERAL

Fourteenth Amendment to the United States Constitution
 . . . convened a session denominated by the Common
 Council as a "hearing."
 . . . stated that under Section 5.3501
 of the Housing Act of 1949,

Counter-claims on the part of the defendents (City of
 Detroit, et al.) were made in the following manner--
 Paragraph 15--

Defendents admit that the area comprising
 Project Mich. R-19 is not and has not been
 a slum, but deny that it is not characterized
 by blight and further deny that it is a well
 planned community of decent homes with suitable
 living environment and adequate family life
 for its occupants, but aver affirmatively that
 the area is characterized by obsolescence,
 physical deterioration of structures, /and/
 improper division or arrangement of lots. . . .

The defendents deemed it necessary to deny totally
 or admit, in part, to the many allegations made against
 them. The Court in handing down its opinion covered the
 issues in greater detail. Judge Horace W. Gilmore began
 by stating he did not think that there had been ". . .any
 showing at all made . . . of any arbitrariness on the
 part of the city, nor . . . any showing made that the City
 in its actions in this case has been unreasonable."⁶

⁶ Alfonso Wells, et al. v. The City of Det., Civil Action
 No. 7571, State of Michigan, Circuit Court for Wayne County,
 1963, p. 4.

Directing remarks toward charges made on the accuracy of characterizing the neighborhood as one with blighted conditions, Judge Gilmore stated that under Section 5.3501 of the Housing Act of 1949,

Blighted area shall be a portion of a municipality, developed or undeveloped, improved or unimproved, characterized by obsolescence, physical deterioration of structures therein, improper division or arrangement of lots and ownerships and streets and other open spaced, mixed character and uses of the structures, or any other similar characteristics which endanger the health, safety, morals, or general welfare of the municipality. . . . The overall area is a . . . fine residential area. . . . It cannot be denied, however, that there are many individual areas that can clearly be qualified as blighted in the general area involved . . . the definition [of a blighted area] does not say all structures, or a majority, but a physical deterioration of structures therein . . . these individual structures and lots are blighted, and can and do bring it within the definition of this act.

Supreme Court said in that Case (P. 720):
 It appears in the complaint that a number of the residents in the area were either honestly unaware of what was really meant when the neighborhood was referred to, in group meetings and general conversation, as a blighted area or were refusing to admit, publicly or to themselves, that blight did exist and treatment was necessary. The likelihood of genuine misunderstanding, in part, is easily

APPROVED BY THE BOARD OF SUPERVISORS

understood when consideration is given to the accelerated activity in new home construction in the area during the past five years. To some of the residents, this represented steady and growing community improvement with a decreasing basis for identifying the area one of blight. This limited view, however, failed to recognize additional public and private community needs.

In addressing itself to the question of the securing of relief for the displaced [Negro businesses, etc.] and the opportunity to acquire comparable relief, the Court stated that ". . .the 'public use' or 'public purpose' is legitimately served by the legislative object of slum or blighted area clearance. . . ." Citing the case of *Berman vs. Parker*, 348 US 26, the United States Supreme Court said in that Case (P. 720):

It seems to us the public purpose of slum clearance is in any event the one controlling purpose of the condemnation. The jury were not asked to decide any necessity to condemn the parcels involved for any purpose of resale, but only for slum clearance.

On this point, noticeable by their absence, are allegations of discriminatory acts. The issues and

APPROVED BY THE BOARD OF SUPERVISORS OF THE COUNTY OF ALBANY, NEW YORK

contentions made on this point, even if true, fail to constitute racial discrimination as such since all residents, landowners, and taxpayers regardless of race are similarly affected. Indeed, it could be argued that what the complainants were asking the court to do was to restrain the Federal Government through its agents from paying funds to redevelop and improve the area in order to maintain the area as it now exists thus allowing the businessmen there continued opportunity to benefit from its current pattern of population grouping.

The Court ruled that having considered all of the questions raised by the complainants, there was no cause for enjoining any action.

The tenor of the complaint and its sweeping charges mirrors the misrepresentations and misunderstandings characterizing the antagonism and inadequate communication between agency representatives and residents, and communication within the area itself. The articulated grievances also reflect, to some degree, the alignment of interests groups and the failure to recognize and exploit legitimate grievances in a manner best suited to gain maximum support

from within the neighborhood.

It is significant that all of the complainants involved in the court suit are older residents who have been in the community a considerable length of time. Each of the plaintiffs was to be inconvenienced in a direct way by specific but differing aspects of the development program. Collectively they represented persons affected for one of the following reasons:

1. Residential property to be condemned due to dilapidation,
2. Property to be condemned for Eight Mile parking expansion,
3. Eight Mile business property to be condemned unless brought up to project standards.

As a body this group professed considerable concern for adequate relocation facilities for the aged. The issue was a legitimate one and general community concern was expressed in addition to that stated by the Carver group. The composition of this dissident group, as has already been made clear, excluded the more recent arrivals in the area,

the younger, better educated families with newer, up-to-date housing facilities. This tended to force loyalties into blocs represented by older, long time residents and younger residents.

The failure of the Carver Club to solicit support or counsel from other resources within the neighborhood on issues it held concerns for, reflects on its inadequate approach to problem solving and inability to assess its (including the Eight Mile-Wyoming community) potential to influence positive action.

The issue of relocation for senior citizens, the weakest and most vulnerable link in the proposed program, has recently been of uppermost concern in the deliberations of the local legislature and officials of the Detroit LPA. Under the administration of Mayor Jerome Cavanaugh, the administrators of the Housing Commission have taken the initiative in coming to grips with this generally acknowledged community problem.⁸

⁸"Housing for Elderly Facing Council Test," The Detroit News, January 8, 1964, p. 2B.

An early recognition of this (Cavanaugh) administration's concern for taking a fresh look at the problems of social welfare and a willingness to work toward the amelioration of such problems or differences rather than concentrating energy and funds on a quite complete negativism towards the project, would have probably relieved areas of difference and also identified the Carver group as one exercising a measure of responsibility. Instead, its unswerving opposition, a misunderstanding of facts, its failure to recognize and utilize appropriate organized pressure to facilitate the solving of genuine community problems, and its reliance on questionable tactics, merely served to undercut its efforts in the long, drawn out, but ill-fated court suit.

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Although representing two different aspects of renewal activity, a basic similarity in the two controversial issues under appraisal is that the two proposed development

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CHAPTER V

ANALYSIS AND CONCLUSION

It is necessary to assess and analyze the two controversies in terms of the approaches taken to the two problems by the competing forces (groups) involved. In the case of the Medical Center, the key group initiating action for change is the Detroit Medical Society and in Eight Mile-Wyoming, the Carver Progressive Club. In assessing the two controversies it is also necessary to understand the above groups from the standpoint of their (1) acceptance or lack of acceptance of the need for the proposed renewal programs, (2) the extent to which their actions in creating a crisis situation was most appropriate and conducive to securing the reception and consideration sought for, (3) the change or accommodation process, and (4) the results.

Although representing two different aspects of renewal activity, a basic similarity in the two controversial issues under appraisal is that the two proposed development

programs will have a considerable impact on the lives of those individuals and organizations seeking to provoke change. This is to be felt as a result of either residence or vocation within each area. In either case, activists within the DMS and the Carver Club, have been attempting to induce change that they, themselves, have expected to live and work with beyond the termination of the development program.

In view of this very real and future stake in the communities by the two organizations, it is appropriate to recognize their attitude toward the need for the respective programs. In the case of the Medical Society, assurance be given them that flexibility of the budget was there was, at all times, complete acceptance of the need such, the people of the community would have the opportunity for the center. In addition to this professional group, every one of the leading Negro civic organizations of the community supported the need for such a facility. This was with their felt needs.

so in the face of the monumental task of relocating the hundreds of persons forced to move within a metropolitan complex precluding maximum freedom of opportunity and choice of housing.

sincere effort to shed greater light and understanding on the development program? Or was it a deliberate attempt to encroach upon, or erode away

The attitude of the Carver Progressive Club differed considerably in this respect. In their judgment, after having admitted their neighborhood was not what it could and should be, the actions proposed went too far and, indeed, did not warrant the detail projections stipulated. On at least two occasions, planning and community organization representatives from the Housing and Planning Com-
This question, raised on previous occasions in the past, has since the same time, students of the subject. middle ground for the five alternatives between the of expenditure were unknown to, and deliberately held back from the residents of the community. It was requested that assurance be given them that flexibility of the budget was terminating to the best of the dimensions, and aspirations to either approve, disapprove, or offer alternative items for expenditure in certain budget categories in accordance with their felt needs.

As a general consequence of the mentioned position within the walls of the agencies such demands were viewed with understandable apprehension and question. The basic problem in the group. The hostility of confrontation and the development program? Or was it a deliberate attempt to encroach upon, or erode away

areas of administrative responsibility under the guise of community involvement? How far should the planners and administrators go in allowing their decision-making functions to be subjected to lay desires, influence and modification.

This question, raised and pondered on numerous occasions in the past, has eluded the most reflective students of the subject. Obviously, there must be a middle ground for the free exchange of ideas and alternatives between the "expert" and the "layman." The position taken here, is that the expert (planner) should and must be forthright, after discerning and determining to the best of his ability the desires, apprehensions, and aspirations of those he is serving, in indicating what the directions and objectives should be in the plan.

As a general concept and modus operandi the aforementioned position undoubtedly has general acceptance. The basic problem in this instance, however, is the fact of confrontation and challenge by an essentially hostile group. The hostility was clearly a manifestation of a

variety of factors--long held grievances, both fancied and real, against the adjacent and outer community, public officials and private land developers, and the seeming inconsistency between what was felt to be their (Carver group) best interests and those of the non-supportive community majority. The lack of a modicum of responsibility shown in group and intra-community dialogue and interaction, and the increasing futility of overcoming the misunderstanding and animosity generated and expressed by Carver Club members and sympathizers made it necessary to forego official efforts to placate and win them.

Initial actions taken by any organized group to create a crisis situation for the express purpose of securing social change usually involves efforts to achieve the following conditions: (1) the stimulation of problem awareness, and (2) the fostering of discontent. The three groups (Urban League, NAACP, and the Detroit Medical Society) challenging the traditional practices and inequities of existing hospital services chose the forum most crucial in the program's need for an expression of unified community support. Impending federal deadline requirements were such that any procedural hold up at the

local level threatened the very life of the proposed project. The political power structure was caught in the position of resolving a social and moral issue in a manner calculated to either (1) place unwelcome demands on the hospitals that had formulated the project plans with local government encouragement, or (2) dismissing the allegations against the hospitals in the face of vigorous demands by responsible and sophisticated segments of the community. The public hearing was indeed, a restimulation of community awareness, the original having been received upon the publication of the Medical and Hospital Study Committee Report in 1956. Discontent at the public hearing was not merely being fostered, it was existent and in clear and unmistakable evidence. It was

during this stage of the project that the Carver group and its sympathizers failed to capitalize on its opportunities to work out differences in a constructive manner with the city officials.

The Eight Mile-Wyoming situation differed radically in approach, manner, and overall effectiveness by actions taken on the part of Carver Club members to effect general community discontent. Whereas the DMS did not unload its charges and discontent until the first public hearing took place, the Carver Club members had expressed their 4 to 6 months prior to the hearing on their community. expressed by various individuals lacked any consensus and

The nature of the project, with its accent on maximum involvement and active support on the part of residents, created an environment and setting facilitating the expressions of any and all sympathies. The actions of the Carver Club, however, never manifested any appearance of careful, planned strategy. Contrary to the effort of the DMS, which called upon two other recognized community groups to lend support and weight to their cause, the Carver Club refused to align itself with other known leaders of the community unless they reflected similar belligerence and hostility against the program. Calm deliberation and the consideration and weighing of planning changes and accommodations in an atmosphere of positive purpose was unacceptable with the group. It was during this stage of the project that the Carver group and its sympathizers failed to capitalize on its opportunities to work out differences in a constructive manner with the city officials.

The public hearing also, did not indicate with any reasonable degree of focus what the prevailing attitude of the community was with respect to the program. The attitudes expressed by various individuals lacked any consensus and

did not reflect clear issues of community concern. As an opportune moment to make its collective voice most effectively heard, the Carver constituency was grossly inadequate. The hostility displayed by the Carver group was such that their creation of crisis, instead of influencing a recognition of need for change, heightened the necessity for overcoming basic misunderstandings of program intent and purposes.

The process of change and accommodation that have taken place on issues raised in both disputes are compared here in terms of ends sought and achieved through deliberate, planned actions as against change affected through influences outside the efforts of the agent(s) seeking change or modification.

Several conditions underline the effectiveness of the Detroit Medical Society in initiating or influencing a sequence of actions or events (see Table II) designed to equalize medical service throughout the greater metropolitan Detroit areas. A major strategic move was its decision to block the progress of what was generally considered one of the most ambitious and prized civic

TABLE 2

**SEVEN KEY FACTORS PROMOTING CHANGE IN
THE MEDICAL CENTER CONTROVERSY**

Factors/Conditions	Specific Actions
(1) Community Awareness of an existing problem.	(1) The creation of the Medical and Hospital Study Committee in 1952.
(2) A study made and prepared by respected citizens of the community detailing inequities and recommending changes.	(2) Publication of the Medical and Hospital Study Committee Report in 1956.
(3) Dramatizing the need for change when the institutions and the political power structure were most sensitive to adverse community concern and publicity.	(3) "Conditional" endorsement of the project at public hearing held January 15, 1960. Charges of racial discrimination raised.
(4) The assumption of a contractual obligation by the hospitals giving written witness to non-discriminatory administrative practices.	(4) The adoption of statements of policy pledging hospital operations and services without discrimination due to race, creed, or national origin. February 6, 1960.
(5) The interlocking of organized community groups pressuring for	(5) Meetings between Citizens Advisory Committee representatives with--

undertakings of the total community. The institutions (hospitals) needed broad community favor and support as well as the economic benefits to be derived from federal

TABLE 2--Continued

Factors/Conditions	Specific Actions
visible institutional changes on moral and legal grounds.	(a) Metropolitan Detroit Building Fund and, (b) Executive Committee of the Greater Detroit Area Hospital Council. (c) Public statements urging change countersigned by the NAACP, Trade Union Leadership Council, Wolverine Bar Association, and the Detroit Medical Society.
(6) The changing character of municipal and legislative leadership.	(6) Change of Mayor and replacements in Common Council, 1960.
(7) Subjecting the hospitals to survey and clearance by local legislative mandate to insure compliance prior to entering into land sales with them.	(7) Adoption of resolution (J. C.C. April 26, 1962) prohibiting City of Detroit from disposing of land to hospitals until Council is assured purchasers will have eliminated any alleged discriminatory practices.

greatly to the effectiveness of the change and accommodation process. Although the efforts of the agency, as directed, required the promotion of goodwill through negotiation and conciliation, its mandate to "... seek to correct situations ... that are) ... unjust and

undertakings of the total community. The institutions (hospitals) needed broad community favor and support as well as the economic benefits to be derived from federal participation. The political power structure in the community placed a high premium on its redevelopment program and its plans for rebuilding the inner city.

During this period, the mayor, in particular, projected and perpetuated a political image largely supported on the strength of what he felt to be his contributions to the city's rebuilding program. Failure of the city to secure the support necessary to proceed with the program would have been internalized by the mayor as a severe political, as well as community, failure. The mayor was thus forced to act--in a manner demonstrating recognition of, and in a way directed toward relieving the problem.

The role played by Detroit's intergroup relations agency, the Commission on Community Relations contributed greatly to the effectiveness of the change and accommodation process. Although the efforts of the agency, as directed, required the promotion of goodwill through negotiation and conciliation, its mandate to ". . . seek to correct situations . . . [that are] . . . unjust and

discriminatory. . . ." placed the CCR and the Advisory Committee in the corner of the Detroit Medical Society. In effect, this administrative agency, with its fact-finding lay Committee, served not only to facilitate Common Council decision-making with respect to the selling of land to hospitals, but acted as a third party continuing the fostering of change.

Community acceptance of a lay group such as the members of the Advisory Committee² of the CCR, with the stature, prestige, and influence brought with them, may facilitate the inclination of the legislative body to act in accordance with the dictates of conscience rather than that of political expediency. With the intercession of such a group, legislators are in a sense removed from, and stand above the arena of controversy and accommodation. Being less threatened, they are, thus, in a position to claim their acts and decisions are governed by the attitudes, influence, and discretion of a legitimate, representative cross-section of the community.

²See Appendix 5.

It is, unfortunately, true that lack of courage by the local legislative body when circumstances provides no opportunity or refuge to disavow its full responsibility, has been demonstrated in a parallel instance of community controversy. The effort on the part of two Common Council members in the fall of 1963, to get the majority of the body to put itself on record as favoring, in principle, the concept of open occupancy, demonstrated an act of the submission of conscience to political expediency. This body, however, may refuse to sell land to hospitals that fail to demonstrate clear evidence of open and impartial access to their facilities and services.

Prior to the passage of this ordinance, other indications The effectuation of change by the efforts of the organizations insisting on institutional behavior modification in the Medical Center is such that its impact has been felt beyond the original area of concern, i.e., the Medical Center area. Charles Wexler, an attorney and spokesman for the Community Coordinating Council of Metropolitan Detroit stated in the summer of 1963, "We are not interested only in the four Medical Center hospitals, we want discrimination eliminated from

all Detroit hospitals."³ This was said immediately following Common Council receipt of a report by the Coordinating Council group charging bias by hospitals throughout the Detroit area. Attached to the report was a proposed ordinance to ban such discrimination. The receptivity of the present council body in facing up to this delicate issue has resulted in a Hospital Anti-Discrimination Ordinance approved October 14, 1963 (see Appendix V). The precedents set in the Medical Center area made this decision (to place an ordinance on the books) relatively easy for the Council to make and is not indicative of an unusual show of leadership or courage.

Prior to the passage of this ordinance, other indications of the effectiveness of the decade-long attack were the resolution made by the Michigan State Medical Society (September, 1963) that no prejudice be shown by hospitals toward Negro doctors and the mapping of plans by the Catholic Interracial Council to integrate all Catholic hospitals. These voluntary actions reflected an appreciation of need and desire to alter an image growing

³"City Drafts Hospital Bias Ban For Early Decision by Council," The Detroit News, June 7, 1963, p. 3A.

in disfavor.

Three controlling factors stand out in the efforts of the Detroit Medical Society and their allies to maximize their action-taking potential. There was (1) an awareness and knowledge of recognizable lines of action that would best lead to the fulfillment of their expectations, (2) a sensitivity and recognition of a favorable change in the community mood, and (3) the directing of appeals and the enlistment of support from leaders of the community. In combination, these three factors provided the impetus in the substantial achievement of the modification of undemocratic institutional practices.

Considerable disparity appears to exist in terms of influence brought to bear on the renewal administrative process when one examines the role of, both, the Mayor's Committee for Neighborhood Conservation and Improved Housing and the Advisory Committee on Hospitals. This is determined to some extent by the nature of the role assigned to each organization and their placement in the decision-making process.

Selection of the Mayor's Committee membership is based, in part, on the premise that such persons are predisposed to, and are oriented in the direction of neighborhood conservation goals. The existence of such a group, apparently representing a substantial number of organizations in the community, lends the appearance of broad community support. However, its placement in the decision-making area is such that it takes on the appearance of window-dressing to some extent. It would appear to be more appropriate for the

Actions of the Carver group in creating a crisis situation differed from the Medical Center in that a continuous display of hostility was leveled at the program the mayor.

The position of the Advisory Committee on Hospitals is much stronger in that it occupies a pivotal position in the decision-making process and is expected to recommend, through a city department (CCR), what a legislative course of action should be. This reflects favorably on the sophistication and astuteness of the several groups seeking change in recognizing and insisting on adequate means to modify traditional institutional behavior.

In contrast, the Carver Club's actions appear to have been concerned with the prevention of a renewal program designed to broadly treat the community's problems. The action methods pursued, if intended to accomplish specific objectives and revisions in the program, gave little indication of being rational. At no time did the group indicate by word or act that a clear need for the program existed.

Actions of the Carver group in creating a crisis situation differed from the Medical Center in that a continuous display of hostility was leveled at the program over a period of time prior to the final act of initiating a court suit. The action of the Detroit Medical Society at the public hearing, on the other hand, was totally unexpected by institutional and government officials. The manner, attitude, and obvious misunderstanding of program purposes by the Carver group provided no basis for effective communication or exchange of dialogue. Before the institution of formal legal action, it appeared that the Carver group was beyond placating.

The effectiveness of organized renewal groups representative of interests within limited geographic areas such as neighborhoods or sub-communities depends, to a great degree, on the complexities embracing the objectives sought. An appointed, lay project planning committee working with city planners in determining specific details of the neighborhood improvement program for their area can, through a sustained

and intimate relationship, exercise considerable influence over what is being programmed. This is a result of the assumed and expected give and take built into the program.

Considerably less influence is manifested by such a group on a complex issue such as the granting of approvals for residential conversions in neighborhood conservation areas by the Board of Zoning Appeals.⁴ The impact of this discretionary action has raised many questions as to the degree of blighting influence involved and the damage to neighborhoods because of the resulting increased densities, parking inadequacies, and over-use of other neighborhood facilities. In a conservation program area where such a

⁴"Zoners Accused of Hobbling City War on Blight," The Detroit News, January 17, 1960, page 1a.

situation obtains, the issue is clearly of two separate governmental bodies functioning at cross purposes. Despite the implications for renewal programs, neighborhood groups and community organizations even broader in scope and representation, have been relatively unsuccessful in altering this situation.

From the standpoint of the municipal government acting in the role of a change agent fostering values and efforts for neighborhood improvement, the Eight Mile-Wyoming area has made some revealing changes. During the period of litigation, with the hands of the local government being tied and unable to initiate any public improvement programs, many of the residents were quietly improving their homes and many new homes were built in the \$13,000 to \$17,000 category. General improvement has been such that the relative amount of blight in relation to the overall physical condition of the area has decreased considerably. It would appear that a substantial number of persons residing in the area have recognized the need and have the desire to upgrade their surroundings in accordance with official appeals made at the outset of the program.

CODE ENFORCEMENT AND LEGAL
APPENDIX I

PLANNING SUBCOMMITTEE

Chairman

Future Detroit, Incorporated
Inter-Group Council for Women as Public
Policy Makers
League of Women Voters
UAW-CIO
Detroit Housing Commission
Board of Assessors
Lenoard P. Reaume Company
Louis G. Redstone Architect Company
Allen, Haass & Selander
Board of Education
Young Engineering Company

FINANCIAL PROBLEMS SUBCOMMITTEE

Chairman

City Budget Director
City Controller
City Assessor
City Treasurer
Watling, Lerchen & Company
National Bank of Detroit
Citizens' Mortgage Company
Federal Housing Administration
First Federal Savings & Loan Association
Realty Mortgage Company
Detroit Mortgage & Realty Company
Johnstone & Johnstone Realtors
Wake, Pratt Construction Company
Veterans Administration

**CODE ENFORCEMENT AND LEGAL
SUBCOMMITTEE**

Office of Civil Chairman

Department of Parks and Recreation

Bureau of Buildings

Bureau of Sanitary Engineering

Bureau of Plumbing

Wayne State University

Department of Building & Safety Engineering

Office of the Corporation Counsel

Controller's Office

Detroit Bar Association

Office of the Corporation Counsel

Recorders Court

**CITIZENS' PARTICIPATION
SUBCOMMITTEE**

United Community Services

Sophie Wright Settlement

Franklin Settlement House

Bureau of Sanitary Engineering

Grosse Pointe Community Club

Girl Scouts

City Plan Commission

Tau Beta Community House

National Council of Catholic Women

Detroit Urban League

Detroit Council of Churches

Wayne State University

Jewish Community Center

Catholic Archdiocese of Detroit

Parent-Teachers Association

Commission on Community Relations

**PUBLICITY AND PUBLIC RELATIONS
SUBCOMMITTEE**

Office of Civil Defense
 Department of Parks and Recreation
 City Plan Commission
 Department of Streets and Traffic
 Detroit Edison Company
 Department of Public Works
 Ford Motor Company

Allied Veterans Council, Inc.
 Greater Detroit & Wayne County
 Industrial Union Council
 City Plan Commission
 Detroit Fire Department
 Department of Parks and
 Recreation
 Bureau of Sanitary Engineering
 Mortgage & Bankers Association
 Detroit Housing Commission
 Inter-Group Council for Women
 as Public Policy Makers
 Detroit Lumberman's Association
 Detroit Federation of Women's
 Clubs
 Central Business District Assn.
 League of Women Voters
 Detroit & Wayne County Federation
 of Labor
 Tau Beta Community House
 Board of Assessors
 Jewish Community Council of
 Detroit
 United Community Services
 Detroit Teachers Association
 Department of Streets and
 Traffic
 Junior Board of Commerce
 Detroit Real Estate Board
 Department of Health

Warren Archaebault
 Al Barbour
 Charles A. Blessing
 Edward J. Blum
 John J. Cassidie
 Andrew T. Dempster
 John Doda
 Harry J. Durbin
 Helen L. Farnham
 Daniel Ford
 Edith Jefferson Bowman
 C. Bradford Pitt
 Ray Puler
 Leo Thalberg
 Emerio Wurtsh
 Charles Doby
 Samuel Linden
 Robert D. Wesley
 Paul Lindner
 Alger F. Kilo
 Robert C. McCreary
 Joseph F. Hayes
 Joseph G. Palmer, M.D.

APPENDIX II

**MAYOR'S COMMITTEE FOR NEIGHBORHOOD CONSERVATION
AND IMPROVED HOUSING**

CHAIRMAN: Joseph G. Molner, M.D.

VICE-CHAIRMAN: Charles A. Blessing

Allied Veterans Council, Inc.
Greater Detroit & Wayne County
Industrial Union Council
City Plan Commission
Detroit Fire Department
Department of Parks and
Recreation
Bureau of Sanitary Engineering
Mortgage & Bankers Association
Detroit Housing Commission
Inter-Group Council for Women
as Public Policy Makers
Detroit Lumberman's Association
Detroit Federation of Women's
Clubs
Central Business District Assn.
League of Women Voters
Detroit & Wayne County Federation
of Labor
Tau Beta Community House
Board of Assessors
Jewish Community Council of
Detroit
United Community Services
Detroit Teachers Association
Department of Streets and
Traffic
Junior Board of Commerce
Detroit Real Estate Board
Department of Health

Warren Archambault

Al Barbour
Charles A. Blessing
Edward J. Blohm

John J. Considine
Andrew T. Dempster
John Dodds
Harry J. Durbin

Helen L. Fassett
Daniel Ford

Lola Jefferies Hanavan
C. Bradford Hitt
May Huber

Leo Thaldorf
Emeric Kurtah
Charles Lasky

Samuel Linden
Rober O. Loosley
Paul Lovchuk

Alger F. Malo
Robert C. McCoy
Joseph F. Mayes
Joseph G. Molner, M.D.

Federal Housing Authority
 Detroit Police Department
 Detroit Urban League
 Builders Association of
 Metropolitan Detroit
 Detroit Council of Churches
 Catholic Archdiocese of Detroit
 Council of Parent-Teachers
 Association
 Department of Public Works
 Office of the Corporation
 Council
 Detroit Real Estate Brokers
 Association
 Department of Building
 and Safety Engineering

Wendell O. Edwards
 Edward S. Piggins
 William L. Price

Webb Coe
 Rev. Raleigh Sain
 Rev. Wilbur Suedkamp

Mrs. A. R. Vanderberg
 Carl Walker

Edward M. Welch

Cohen White

Joseph P. Wolff

EXECUTIVE COMMITTEE

Joseph G. Molner, M.D.
 Charles A. Blessing
 Andrew T. Dempster
 Harry J. Durbin
 Helen L. Fassett

Emeric Kurtagh
 Wendell O. Edwards
 Carl Walker
 Edward M. Welch
 John H. Witherspoon

Joseph P. Wolff

Federal Housing Authority
 Detroit Police Department
 Detroit Urban League
 Builders Association of
 Metropolitan Detroit
 Detroit Council of Churches
 Catholic Archdiocese of Detroit
 Council of Parent-Teachers
 Association
 Department of Public Works
 Office of the Corporation
 Council
 Detroit Real Estate Brokers
 Association
 Department of Building
 and Safety Engineering

Wendell O. Edwards
 Edward S. Piggins
 William L. Price

Webb Coe
 Rev. Raleigh Sain
 Rev. Wilbur Suedkamp

Mrs. A. R. Vanderberg
 Carl Walker

Edward M. Welch

Cohen White

Joseph P. Wolff

EXECUTIVE COMMITTEE

Joseph G. Molner, M.D.
 Charles A. Blessing
 Andrew T. Dempster
 Harry J. Durbin
 Helen L. Fassett

Emeric Kurtagh
 Wendell O. Edwards
 Carl Walker
 Edward M. Welch
 John H. Witherspoon

Joseph P. Wolff

STATEMENT OF PURPOSE, ORGANIZATION AND FUNCTION

July, 1961

INTRODUCTION

While Detroit is working to clear and redevelop its blighted, war-torn areas, there are other middle-aged neighborhoods in varying degrees of deterioration having enough capital value so they do not need complete clearance. The living environment of a large segment of Detroit's population is endangered if deterioration continues and taxable values of many properties from which necessary city revenue is derived will be seriously affected.

The conservation of a neighborhood is partly a responsibility of the municipality through the exercise of its police powers and the functioning of the departments and agencies related to zoning, building regulations, traffic control, vital public services, housing and slum clearance, and partly the responsibility of the property owner through continuous planned maintenance, improvement and modernization of his residence and other structures.

To meet its responsibility the city administration has adopted a policy making the conservation and improvement of neighborhoods a major objective, directing all city departments and agencies to use their facilities toward the carrying out of this policy. At the same time the city encourages the property owner to assume his personal responsibility in neighborhood conservation through education and community organization.

APPENDIX III

As a result of the adoption of this policy several related organizational needs present themselves:

- A need for coordination of the program between departments and other agencies having a major interest in neighborhood conservation.
- A need for independent citizen participation in the evaluation of the progress, trends, and requirements of the program.
- A need for communication with residents through community organization.
- A need for citizen activities supplemental to the neighborhood conservation activities of the departments.
- A need for individual citizen understanding, participation and support of the whole program.

In order to achieve the foregoing, there is hereby created a Committee for Neighborhood Conservation and Improved Housing, hereinafter referred to as the Committee.

OBJECTIVES

The overall objective of the Committee is to uphold and improve Detroit as a most desirable place in which to live through the promotion of a neighborhood conservation philosophy and program. To this end the Committee will initiate, guide, encourage and coordinate the development of a program regarding joint efforts of property owners, tenants and the city administration,

COMMITTEE FOR NEIGHBORHOOD CONSERVATION AND IMPROVED HOUSING

STATEMENT OF PURPOSE, ORGANIZATION AND FUNCTION

July, 1961

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II. OBJECTIVES

The overall objective of the Committee is to uphold and improve Detroit as a most desirable place in which to live through the promotion of a neighborhood conservation philosophy and program. To this end the Committee will initiate, guide, encourage and coordinate the development of a program requiring joint action on the part of property owners, tenants and the city administration,

using public and private resources, which will: (1) Preserve, maintain, protect and improve new and stable areas; (2) Conserve and rejuvenate middle-aged areas which face the threat of decline; and (3) Hold the line and reverse the trend in deteriorating areas.

III. MEMBERSHIP

All members of the Committee for Neighborhood Conservation and Improved Housing are appointments of the Mayor or may be appointments of the Chairman of the Committee subject to confirmation by the Mayor.

In general, the Committee seeks representation from the leading city-wide, civic, religious, business, social, educational and labor organizations.

Major neighborhood organizations having a major or primary interest in neighborhood conservation in the city are eligible for consideration for membership on the Committee. The determination of major organization for this purpose is based on: (1) type of organization - only delegate councils having member organizations are eligible; (2) age - such councils must have been organized for at least two years before being considered eligible; and (3) size - only councils encompassing a square mile or more in their boundaries are eligible for membership.

Members of the Committee will serve the Committee as individuals and not specifically as representatives of their organization.

Committee members are encouraged to actively participate on standing committees.

Attendance - lack of attendance at committee meetings will be reason for requesting reaffirmation of interest in continuing appointment.

IV. POWERS AND RESPONSIBILITIES

The Committee is advisory to the Mayor, Council and to the City departments on matters relating to the Neighborhood Conservation program.

The Committee may also carry on action programs of its own to advertise, promote, demonstrate, educate and organize to further the objectives of neighborhood conservation.

The Committee may cooperate in such activities of other agencies as it deems advisable as furthering the objectives of neighborhood conservation.

The Committee will assume such duties as may be delegated by the Mayor.

The Committee will form such standing or sub-committees as may be necessary to carry out the objectives of the Committee.

V. ORGANIZATION AND FUNCTION

The Committee is organized into such standing committees as are necessary to carry out the objectives of the Committee as follows:

- Executive Committee
- Citizens Participation Committee
- Code Enforcement and Legal Committee
- Financial Problems Committee
- Publicity and Public Relations Committee
- Planning Committee

Additional standing or temporary committees may be added from time to time as are considered desirable and necessary by the Committee.

The Committee will have a Chairman and two Vice-Chairmen.

The Chairman and Vice-Chairmen of the Committee will also serve as Chairman and Vice-Chairmen of the Executive Committee. The Chairmen of the standing committees are appointed by the Chairman of the Committee. Standing committee chairmen are appointed for one year terms.

The Committee will meet in general session four times a year and may be called into special session by the Chairman should this be necessary.

The Committee acting in general session has the following functions:

1. Advisory for the formulation of policy and programs. The Committee to receive recommendations concerning policy and programs from the Executive Committee and to act to approve or disapprove. Such action may then become advisory to the Mayor, Council and Departments.
2. Dissemination of information. The Committee to hear reports of operation and progress.
3. To delegate duties and responsibilities to the Executive Committee and standing committees as necessary.

THE EXECUTIVE COMMITTEE

The Executive Committee is made up of the Chairman and Vice-Chairmen of the Committee, standing committee chairmen, two citizen representatives at large from the Committee and a representative of each city department having a primary interest in neighborhood conservation.

Citizen representatives at large shall be elected by the Committee after nominations have been made at least thirty (30) prior to the election by a nominating committee. The nominating committee shall be appointed by the Chairman of the Committee.

The Executive Committee shall meet not less than once a month, except for a summer recess during July and August. In addition the Chairman may call Executive Committee meetings as necessary.

Functions:

1. To handle the neighborhood conservation business of the Committee when the Committee is not in general session. Determinations and acts of the Executive Committee are reviewable by the Committee.
2. To receive information from standing committees and city departments on conservation activities and problems.
3. To coordinate the conservation activities of the standing committees and the departments where necessary.
4. To bring information and recommendations to the Committee for its action in general session.
5. To delegate duties and responsibilities to the standing committees.

THE CITIZENS PARTICIPATION COMMITTEE

The Citizens Participation Committee is the action committee to obtain citizen support and understanding for neighborhood conservation and works directly with neighborhood organizations in the community. The membership consists of (but is not limited to) a wide representation of social agency and educational organizations. The committee meets once a month except for a summer recess during July and August.

Functions:

1. To encourage and assist community organization.
2. To undertake educational programs.
3. To serve as a liaison between the Committee for Neighborhood Conservation and Improved Housing and neighborhood groups involved in conservation programs.
4. To undertake any public or citizen participation functions which might assist in reaching the objectives of the committee.

THE CODE ENFORCEMENT AND LEGAL COMMITTEE

The Code Enforcement and Legal Committee covers the area of a major requirement of the Federal government for a municipality participating in an Urban Renewal Conservation program. The municipality must prescribe adequate minimum standards of health, sanitation and safety under which dwellings may be lawfully occupied. These standards, together with Zoning regulations, must be adequately enforced. The membership of the Standing Committee on Code Enforcement and Legal matters includes the operating city departments charged with enforcement of laws and ordinances, representatives of the Corporation Counsel's office, the Court and citizen representation.

Functions:

1. To examine the adequacy of existing codes and ordinances in relation to the objectives of the neighborhood conservation program.
2. To evaluate and promulgate improvement of existing procedures for enforcement of applicable laws and ordinances including court procedures.
3. To serve in an advisory capacity for upgrading housing standards applicable to Neighborhood Conservation project areas.
4. Through legal assistance, to promote legislation beneficial to the Neighborhood Conservation program.

THE FINANCIAL PROBLEMS COMMITTEE

Representatives from financial, building trade associations, and financial staff from city departments comprise the membership of this committee. The Financial Problems Committee meets as needed.

Functions:

1. To develop and promote financial means to enable property owners to effect structural rehabilitation, modernization and other improvements,
2. To establish action programs to promote rehabilitation work by individual owners and by private investors.
3. To develop information programs to provide technical guidance and instruction for home improvement, including information on the use of Federal financial aids.

THE PUBLICITY AND PUBLIC RELATIONS COMMITTEE

Representatives of the City Department Report and Information Committee, the communications media, and other public relations professionals comprise the Publicity and Public Relations Committee. This committee meets as needed to furnish the programs and guidance related to its functions.

Functions:

1. To undertake a general city-wide program of promotion, publicity and advertising for the Committee and its objectives in neighborhood conservation.
2. To produce informational materials for distribution.
3. To arrange publicity for the various programs and affairs of the Committee for Neighborhood Conservation and Improved Housing.

THE PLANNING COMMITTEE

Members of the Planning Committee are members of City Plan, the Real Estate Board, and other community groups, business firms and agencies which may be affected by conservation planning or which have a special interest in analysis, design and planning. The Planning Committee meets as needed and serves primarily as an advisory group on planning matters.

Functions:

1. To participate in comprehensive planning analysis and delineation of neighborhoods.
2. To participate in the establishment of priorities for the selection of specific project areas for conservation treatment.
3. To examine, evaluate and advise on detailed physical planning for public improvements in conservation project neighborhoods.

APPENDIX IV

THE ADVISORY COMMITTEE ON HOSPITALS OF THE
DETROIT COMMISSION ON COMMUNITY
RELATIONS

November, 1963

Dr. Thomas Batchelor	Cotillion Club
Mark N. Beach	Wayne State University, Assistant President
Rt. Rev. Richard S. Emrich	Espiscopal Diocese of Michigan
Mrs. John N. Failing	Woman's Hospital
Miss Katherine Faville	Wayne State University College of Nursing
Rabbi Leon Fram	Temple Israel
Alex Fuller	Wayne County AFL-CIO Council
Mrs. Carl Grawn	Cottage Hospital
Miss Eleanor Hutzel	Woman's Hospital
Mrs. Golda Krolik	Committee on Community Relations
Dr. Luther Leader	Wayne County Medical Society
Sylvester Leahy	Detroit Edison Company
Mrs. Philomene Lundy	Detroit Council of Catholic Women
Mrs. Alma F. Polk	Department of Public Welfare
Dr. Remus G. Robinson	Detroit Board of Education
Ernest Shell	Great Lakes Mutual Life Insurance Company
James M. Smith	Michigan Bell Telephone Company
Rev. John A. Trese	Catholic Charities
Stuart E. Walker	Detroit Area Hospital Council
Douglas Fraizer	UAW-CIO

ORDINANCE NO. 812-F
CHAPTER NO. 100

(Make notation on page 669)

HOSPITAL ANTI-DISCRIMINATION
ORDINANCE

AN ORDINANCE to prevent discrimination in the operation and administration of hospitals because of race, color, creed, national origin or ancestry, to provide for the enforcement of this ordinance, and to provide a penalty for the violation of the terms thereof.

WHEREAS, it is in the interest of the public health, safety and welfare of the people of Detroit that there be no discrimination because of race, color, creed, national origin or ancestry in the admission to hospital facilities, the training of nurses and physicians and appointment of qualified physicians to the medical staffs of hospitals in the City of Detroit.

IT IS HEREBY ORDAINED BY THE PEOPLE OF THE CITY OF DETROIT:

Section 1. No hospital, nor any person acting as superintendent or manager of who is otherwise in charge or control of such hospital, or any person connected with or rendering service in any hospital in any capacity whatsoever, nor any agent or employee thereof shall directly or indirectly refuse, withhold from, restrict or deny to any person admission for care or treatment, equality of care or treatment in a hospital, or the full and equal use of the hospital facilities and services relating to care or treatment of such person, including placement in hospital rooms, on account of race, color, creed, national origin or ancestry, provided that a member of the medical staff of said hospital or an authorized physician designated to act for him may examine such person and determine the need of such person for medical care or treatment.

Section 2. No hospital, and no person who is acting as superintendent or manager or who is otherwise in charge or control of the hiring or retention of the training of nurses or physicians or appointments to the medical staff or the nursing staff of the hospital shall, in the training or retention of any person for training or the appointment of any person to the medical staff or nursing staff of the hospital discriminate against any person on account of race, color, creed, national origin or ancestry.

Section 3. The Detroit Commission on Community Relations under this ordinance shall collect, analyze and survey the results of investigations made under this ordinance, gather

information concerning unfair health practices, as hereinafter provided in this ordinance, and it shall report to the Mayor and the Common Council from time to time on the workings of this ordinance for the purpose of advising and recommending amendments to this ordinance in order to effectuate its purposes.

Section 4. The Detroit Commission on Community Relations shall have the power to enforce the provisions of this ordinance and to investigate all complaints or initiate investigations hereunder. It may sign subpoenas against any person, firm, partnership, association or corporation in the City of Detroit for trial before the traffic and ordinance court of the City of Detroit for the violation of the terms of this ordinance.

Section 5. The Commission shall be empowered to make the results of its work and information collected in the course of investigations under this ordinance available to duly authorized agencies and departments of the State of Michigan engaged in the work of preventing discrimination in employment or recruiting and protecting the interests of the people.

Section 6. This ordinance and the various parts, sections and clauses thereof are hereby declared to be severable if any part, sentence, paragraph, section or clause is adjudged unconstitutional or invalid, it is hereby provided that the remainder of the ordinance shall not be affected thereby.

Section 7. Remedy. In the event that the Commission on Community Relations is unable through reasonable means to gain compliance herewith, the said Commission is hereby authorized, through the agency of the Corporation Counsel, to seek injunctive relief or other appropriate civil remedy on behalf of any aggrieved person.

Section 8. Hospitals for purposes of this ordinance shall be defined as all institutions for remedial care or clinical treatment.

Section 9. All ordinances or parts of ordinances in conflict herewith are hereby repealed.

Section 10. This ordinance is declared to be immediately necessary for the preservation of the public health and safety of the people of the City of Detroit and is hereby given immediate effect.

(I.C.D. p. 1909-2006, July 30 1963)
Passed October 5, 1963
Approved October 14, 1963
Published October 14, 17, 18, 1963
Effective October 17, 1963.

THOMAS D. LEADREYTER
City Clerk

APPENDIX V

ORDINANCE NO. 813-F
CHAPTER NO. 268

(Make notation on page 669)

HOSPITAL ANTI-DISCRIMINATION
ORDINANCE

AN ORDINANCE to prevent discrimination in the operation and administration of hospitals because of race, color, creed, national origin, or ancestry, to provide for the enforcement of this ordinance, and to provide a penalty for the violation of the terms thereof.

WHEREAS, it is in the interest of the public health, safety and welfare of the people of Detroit that there be no discrimination because of race, color, creed, national origin or ancestry in the admission to hospital facilities, the training of nurses and physicians and appointment of qualified physicians to the medical staffs of hospitals in the City of Detroit.

IT IS HEREBY ORDAINED BY THE PEOPLE OF THE CITY OF DETROIT:

Section 1. No hospital, nor any person acting as superintendent or manager, or who is otherwise in charge or control of such hospital, nor any person connected with or rendering service in any hospital in any capacity whatsoever, nor any agent or employee thereof shall directly or indirectly refuse, withhold from, restrict or deny to any person admission for care or treatment, equality of care or treatment in a hospital, or the full and equal use of the hospital facilities and services relating to care or treatment of such person, including placement in hospital rooms, on account of race, color, creed, national origin or ancestry, provided that a member of the medical staff of said hospital or an authorized physician designated to act for him may examine such person and determine the need of such person for medical care or treatment.

Section 2. No hospital and no person who is acting as superintendent or manager or who is otherwise in charge or control of the hiring of personnel or the training of nurses or physicians or appointments to the medical staff or the nursing staff of the hospital shall, in the training or selection of any person for training or the appointment of any person to the medical staff or nursing staff of the hospital discriminate against any person on account of race, color, creed, national origin or ancestry.

Section 3. The Detroit Commission on Community Relations under this ordinance, shall collect, analyze and study the results of investigations made under this ordinance, gather

information concerning unfair health practices, as hereinbefore provided in this ordinance, and it shall report to the Mayor and the Common Council from time to time on the workings of this ordinance for the purpose of advising and recommending amendments to this ordinance in order to effectuate its purposes.

Section 4. The Detroit Commission on Community Relations shall have the power to enforce the provisions of this ordinance and to investigate all complaints or initiate investigations hereunder. It may sign complaints against any person, firm, partnership, association or corporation in the City of Detroit for trial before the traffic and ordinance court of the City of Detroit for the violation of the terms of this ordinance.

Section 5. The Commission shall be empowered to make the results of its work and information collected in the course of investigations under this ordinance available to duly authorized agencies and departments of the State of Michigan engaged in the work of preventing discrimination in employment or regulating and protecting the health of its people.

Section 6. This ordinance and the various parts, sections and clauses thereof are hereby declared to be severable. If any part, sentence, paragraph, section or clause is adjudged unconstitutional or invalid, it is hereby provided that the remainder of the ordinance shall not be affected thereby.

Section 7. Remedy. In the event that the Commission on Community Relations is unable through conciliation to gain compliance herewith, the said Commission is hereby authorized, through the agency of the Corporation Counsel, to seek injunctive relief or other appropriate civil remedy on behalf of any aggrieved person.

Section 8. Hospitals for purposes of this ordinance shall be defined as all institutions for remedial care or clinical treatment.

Section 9. All ordinances or parts of ordinances in conflict herewith are hereby repealed.

Section 10. This ordinance is declared to be immediately necessary for the preservation of the peace, health and safety of the people of the City of Detroit and is hereby given immediate effect.

(J.C.C. p. 1999-2000, July 30 1963)
Passed October 8, 1963
Approved October 14, 1963
Published October 16, 17, 18, 1963
Effective October 17, 1963.

THOMAS D. LEADBETTER,
City Clerk.

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project. From that time to the present, have been
working out of the Barbour Junior High School.

AUTOBIOGRAPHICAL STATEMENT

Born in Detroit, Michigan, May 16, 1926. Graduated from Custer Elementary (1939), Post Junior High, and Cooley High School (1944). Attended Wayne State University as a part-time student during two distinct periods (1944-1945 and 1949-1954) while employed in various capacities, i.e., general handy man in a photoengraving shop, porter in a jewelry store and a department store, postal clerk in the United States Post Office and account clerk for the Detroit Housing Commission from 1950 to 1955. Received B.A. in Political Science from Wayne State University in 1956. Promoted from clerk to management aide in Detroit's public housing program (1956). Transferred to the Urban Renewal Division of the Housing Commission in 1957 and was placed in charge of the first neighborhood conservation field office operation in Detroit's pilot project, the Mack-Concord Conservation Project. Managed the Eight Mile-Wyoming Conservation Project prior to accepting (in 1960), a position with the Board of Education as a School-Community Coordinator in the Great Cities

Project. From that time to the present, have been working out of the Barbour Junior High School.

Clarence C. White